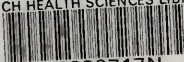


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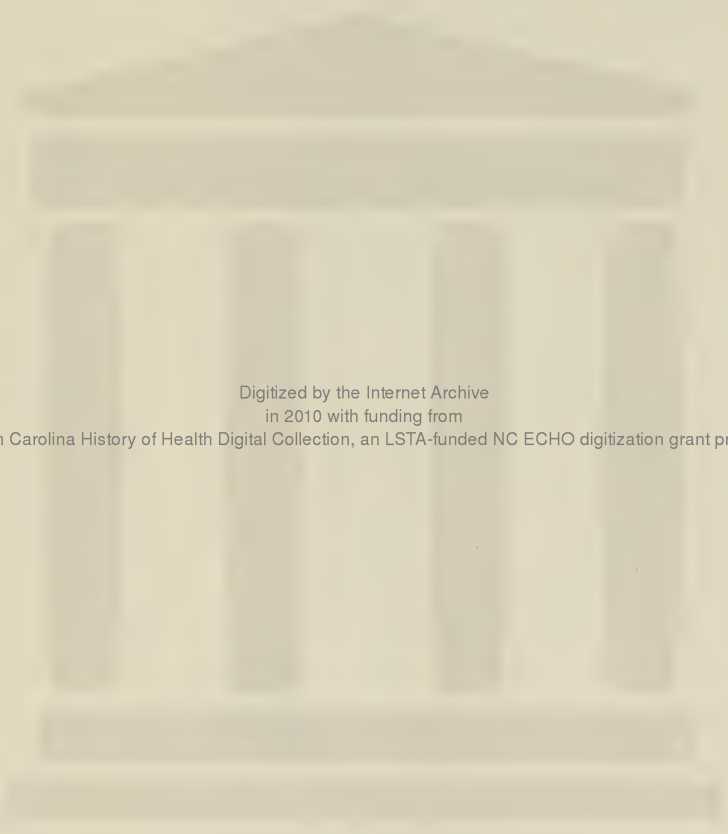
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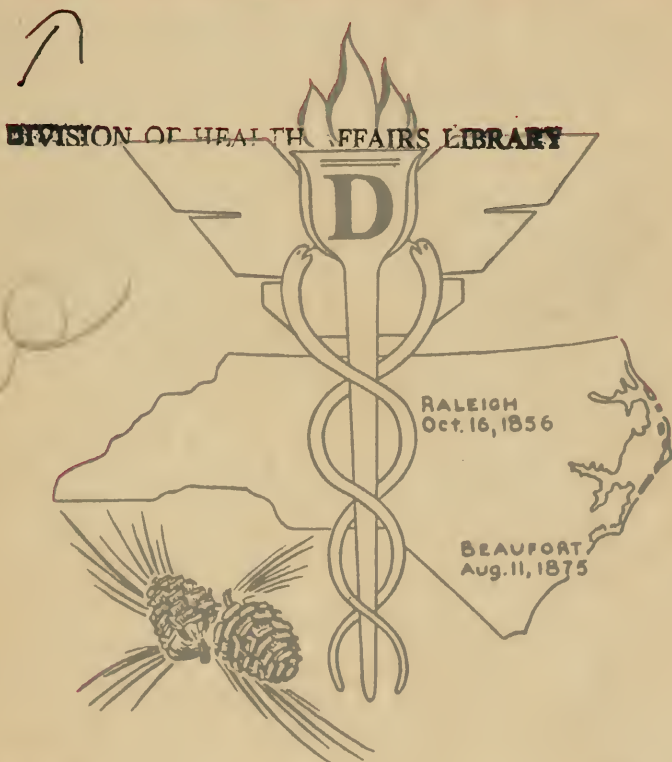
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The JOURNAL

NORTH CAROLINA DENTAL SOCIETY



Fifth District	September 9, 10	Rocky Mount
	The New Ricks Hotel	
Fourth District	September 10, 11	Raleigh
	Sir Walter Hotel	
Third District	September 16, 17, 18	Greensboro
	Sedgefield Inn	
Second District	September 24, 25	Winston-Salem
	Robert E. Lee Hotel	
First District	September 30-October 1	Asheville
	George Vanderbilt Hotel	



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CALIFORNIA.....	Univ. of So. Calif. College of Dentistry 122 E. Sixteenth St., Los Angeles 15
DISTRICT OF COLUMBIA	Georgetown Univ. School of Dentistry 390 Reservoir Road, Washington 7
ILLINOIS	Univ. of Illinois, College of Dentistry 808 So. Wood St., Chicago 12
INDIANA	Indiana University, School of Dentistry 1121 W. Michigan St., Indianapolis 2
LOUISIANA	Loyola University, School of Dentistry 6263 St. Charles Ave., New Orleans 18
MASSACHUSETTS	Tufts College, Dental School 136 Harrison Ave., Boston 11
MICHIGAN.....	Univ. of Michigan, School of Dentistry W. K. Kellogg Foundation, Ann Arbor
MISSOURI	St. Louis University, School of Dentistry 3556 Caroline St., St. Louis 4
MISSOURI.....	Washington Univ., School of Dentistry 4559 Scott Ave., St. Louis
NEW YORK	N. Y. University, College of Dentistry 209 E. 23rd St., New York 10
OHIO	Ohio State Univ., College of Dentistry Columbus 10
PENNSYLVANIA	Univ. of Penn., School of Dentistry 40th & Spruce Sts., Philadelphia 4
TEXAS	Baylor University College of Dentistry, Dallas
TEXAS	Univ. of Texas, School of Dentistry, Houston 4. (Limited for the present to Texas residents)
WASHINGTON	Univ. of Washington, School of Dentistry Seattle 5

THOMPSON DENTAL COMPANY

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Dr. Frank W. Kirk

A steady worker and a good professional man, Dr. Kirk has served his profession faithfully. A great asset to his community and to the dental profession. He is not a man of spectacular traits, but a hard working man—the kind that keeps the wheels turning in this land of ours.

THE JOURNAL

of

THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

Officers
1951-52



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President
Rocky Mount



Guy R. Willis
Vice-President
Durham



Dr. A. C. Current
President-Elect
Gastonia



Bernard N. Walker
Secretary-Treasurer
Charlotte

VOLUME 35

OCTOBER, 1951

NUMBER 1

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Marvin R. Evans, Editor
Chapel Hill

The closing dates for the Journal are, February 10, July 10, and November 10.
Published Quarterly--January, April, August and October. Entered as Second Class Matter,
August, 1951, Chapel Hill, N. C. Subscription \$2.00.

43560

The Journal

The name of our Publication has officially been changed to the Journal of The North Carolina Dental Society. This change has become necessary for three reasons:

1. Increase to more than five thousand circulation.
2. Increase in size to more than five hundred pages per volume.
3. It is become the custom that all State Publications to be designated as Journals.—Ed.

OFFICIALLY SPEAKING

R. Fred Hunt, D.D.S.,
President



DR. HUNT

The members of the North Carolina Dental Society are afforded a genuine opportunity to render a real and lasting service to the future citizens of our state. This refers, of course, to the fluoridation of communal water supplies. Charlotte is the only city at this time which is fluoridating its water supply, but I am happy to report that a number of North Carolina cities are now contemplating the installation of equipment for rendering this important service to children.

After twenty-seven years of practice, I have learned not to discard the "old for the new" too quickly. While

water fluoridation is not a "cure all", I feel that it furnishes a very valuable adjunct to other dental preventive measures. Many tests during the past six years have shown that the incidence of dental decay can be reduced thirty to sixty per cent in children from birth to twelve years of age.

The principle of fluoridation has been approved by such organizations as the American Dental Association, American Association of Public Health Dentists, American Public Health Association, U. S. Public Health Service, State and Territorial Health Officers and State and Territorial Dental Health Directors. The North Carolina Dental Society endorsed this procedure at its last annual meeting.

The size of the town or city does not necessarily matter. The fluoridation of municipal water supplies is in effect in towns and cities with populations ranging from 3,000 to 900,000.

I sincerely hope and trust that each local and city dental society or group will begin at once to prepare for the fluoridation of its water supply. Information concerning the necessary procedure may be obtained from the North Carolina State Board of Health at Raleigh.

The annual conference of District Society Officers and Editors held in Pinehurst during our state meeting was one of the best that I have attended. Much enthusiasm was shown by the representatives from the five districts. Their reports indicate that

we may expect some excellent progress at the district meetings in September (dates changed on account of the A.D.A. meeting in October).

All of us are proud of our dental school at the University which begins its second year. We enjoyed having the members of the first class attend our annual meeting at Pinehurst. I feel that this should be the policy in future years, especially since ALL of the students are junior A.D.A. members.

The North Carolina Dental Foundation has made remarkable progress to date both from an organizational and financial standpoint.

More is owed to our profession by all of us than we can hope to repay. The Foundation offers an excellent

opportunity to partly compensate for this debt. Our donations may be assigned by us to any one of several areas, such as research, post-graduate courses, student aid, etc.

The American Dental Association meeting will be held in Washington, D. C., October 15 through 18. Write for your reservations IMMEDIATELY if you have not done so. It will be many years before this great meeting will be held so near again. It is to be held in Saint Louis in 1952 and in Cleveland in 1953.

During the past four years it has been a most happy privilege to work with the dentists in the various districts. I shall be looking forward to seeing each of you at the district meetings.

SECRETARIAL INFORMATION

Bernard N. Walker, D.D.S.,
Sec'y-Treas.

It is an honor to be elected to an office of the North Carolina Dental Society, and doubly so to be re-elected to the same office. It is a confirmation of the trust placed in an elected officer who has performed a duty. Since I have tried to keep the members informed as to the business of the Society, it will be my object to serve you again this year as best I can, assuring you of my appreciation for this honor.

As you already know this past year has been one of the most successful that the North Carolina Dental Society has ever had. The membership is

now the largest ever and the attendance at the annual convention was splendid. We hope that this next year will be even more successful. The program committee has arranged a program which will be of interest to all.

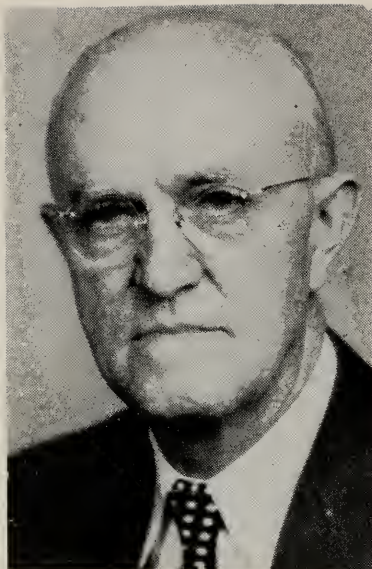
There were some changes made in the Constitution and By-Laws of the North Carolina Dental Society by the House of Delegates as recommended by the Constitution and By-Laws Committee. The dues of the North Carolina Dental Society have been raised for the first time since 1922, at which time they were raised from

four to six dollars. The dues have been raised from six to ten dollars. The dues collected by the district secretaries will be one dollar for the A.D.A. Relief Fund, twenty dollars for the A.D.A. dues, and ten dollars for the State Society, a total of thirty-one dollars. Another change which will be of interest is that should a member drop behind in dues and wish to be reinstated in the Society it will only be necessary to pay the current year's dues, plus five dollars reinstatement fee, instead of the total amount of the dues which he missed. The dues of members who are called to active service in the Defense Forces of the nation shall be remitted during such period of service, or disability resulting therefrom, and these years shall be counted when computing their eligibility for Life Member-

ship, provided, that such members shall be required to pay that annual assessment of the American Dental Association. Any year during which such member is in service as much as seven (7) months shall be considered as a year in service, and if dues have been paid they shall be refunded.

Life members of the State and A.D.A. are liable for the A.D.A. Relief Fund Contribution of one dollar. It is necessary of anyone eligible for Life Membership to make application for such membership. District secretaries will furnish information on request.

We are looking forward to seeing you at your District meetings. If there is any way in which I can be of service to you or the Society please do not hesitate to call on me.



DR. ARCHER

I. H. ARCHER, D.D.S.

Chief dental surgeon, Oteen, N. C. Veteran of World War I and II. He has been stationed in New Orleans and Washington, D. C. For the past ten years he has been located at Oteen TB. Hospital. He is a member of the ADA, N. C. Dental Society, First District, and Blue Ridge Dental Society. Appears on First District Program September 30.

S. PARKER GAY, D.D.S.

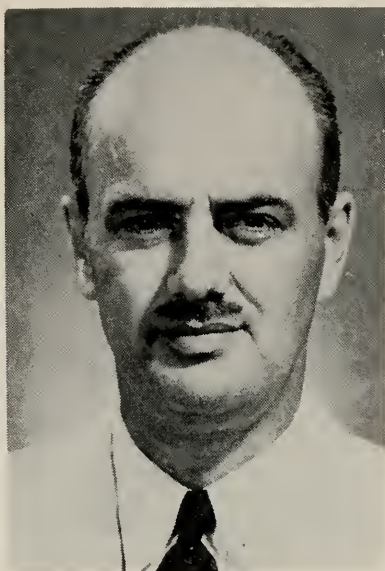
Greensboro, N. C. Graduate of A.S.D.C. 1926. Past President of the First District Dental Society, Past Sec.-Treas. of the Southern Academy of Periodontology, now serving as President-Elect. Appears on First District Program September 30.



DR. GAY

CLAUDE R. BAKER, D.D.S.

Professor and Head of the Department of Fixed and Partial Dentures, UNC School of Dentistry. Received training at Carleton College, University of Wisconsin, and U. Minnesota, having taught in the department of Crown and Bridge at the latter. He served as Head of the Department of Oral Diagonis at the University of Indiana and Head of the Fixed Partial Dentures at the University of Washington. He will appear on the Program of the First District, October 1, and also the Fourth District, September 10.



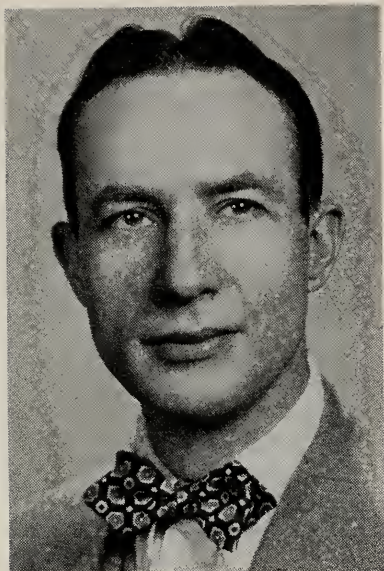
DR. BAKER



DR. CANNON

CLAUDE CANNON, D.D.S.

Graduate of Baltimore College of Dentistry 1915. Member of OKU Fraternity and past president of the Alabama Dental Association. Served in dental corps over seas World War I. Appears on the program of the Second District Monday, Sept. 24.



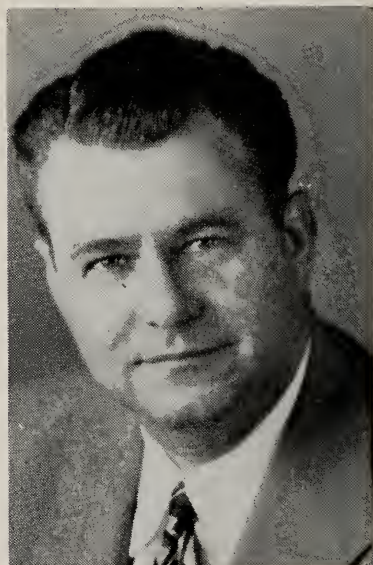
DR. GROSSMAN

LOUIS I. GROSSMAN, D.D.S.

University of Pennsylvania, Associate Professor of Oral Medicine, author of "Root Canal Therapy" and "Cyclopedia of Medicine", also Editor of the "Handbook of Dental Practice". He is past President of the American Association of Endodontists. Appears on the Program of the Second District September 24.

WALTER A. HALL, JR., D.D.S., M.S., B.S.

University of North Carolina, Head of Prosthetic Department. He graduated from USC and was commissioned in the U.S.N. 1940, as Captain retired 1947. He taught two years at the University of Washington, in the Prosthetic Department. He is a Diplomate of the American Board of Prosthodontics. Appears on the programs of the First, Second and Third Districts.



DR. HALL

W. W. DEMERITT, D.D.S.

University of North Carolina, Professor of Pedodontics. Graduate of A.S.D.C. Internship at Forsyth, and practiced in Key West and Los Angeles. He has lectured before many state, and national societies. Appears on the Program of the Third District.



DR. DEMERITT



DR. STURDEVANT

**CLIFFORD M. STURDEVANT,
D. D. S.**

Associate Professor of Operative Dentistry at the University of North Carolina. Graduate of A.S.D.C. where he taught for several years. He has presented clinics throughout the Southeastern States and is well qualified in "Airbrasive". Appears on the program of the Third District.



DR. COY

HERBERT D. COY, D.D.S.

Medical College of Virginia, Professor of Operative Dentistry, and Director of the Dental Clinic. He has recently done considerable research in the field of Plastics as related to its use in Operative Dentistry. Appears on the Program of the Fourth District.

O. W. CLOUGH, B.S., D.D.S., M.S.

Medical College of Virginia, Professor of Operative Dentistry and Oral Anatomy. Graduate of Dalhousie University where he received his D. D. S. and B. S. degrees. 1934 he received his Masters degree from the University of Rochester. Appears on the program of the Fifth District.



DR. CLOUGH

WELCOME TO ASHEVILLE

A. W. Bottoms, D.D.S., President



DR. BOTTOMS

The First District Dental Society will meet in Asheville, at the George Vanderbilt Hotel, on Sunday, September 30. There will be a Golf Tournament beginning at eleven o'clock on Sunday morning, followed by a Scientific Meeting Sunday night and Monday.

Our Program Committee has been most fortunate in securing instructive essayists for our program. On

Saturday night Dr. I. H. Archer, of Oteen Hospital, will give us a paper on "Dentistry in A Veterans Administration T. B. Hospital", followed by our own Dr. S. Parker Gay with a movie on "Instructions to The Patient As to the Care of the Mouth". I am sure that this is something that we all need, and we owe it to our patients to acquaint ourselves with this fine picture.

On Monday Drs. Claude R. Baker, and Walter Hall will give us very instructive information on "Partial and Full Denture Prosthesis". To hear these men will make us all appreciate what a fine dental school we have at Chapel Hill.

We urge every member of the First District to be present and extend a cordial invitation to all members of the North Carolina Dental Society and those of our Sister States to come and meet with us. To our Ladies Dental Auxiliary, we extend to you a hearty welcome, and urge all dentists' wives who have not joined this fine organization, to do so at this meeting.

To every member of the First District, my most sincere appreciation for the fine co-operation you have given me.

FIRST DISTRICT DENTAL SOCIETY

OFFICERS 1950-1951

A. W. Bottoms.....	<i>President</i>
William Davenport.....	<i>Vice-President</i>
William McDaniel.....	<i>President-Elect</i>
Pearce Roberts, Jr.	<i>Secretary-Treasurer</i>
Walter T. McFall.....	<i>District Editor</i>

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William Davenport
W. R. Aiken
William McDaniel
Pearce Roberts
Paul Hedrick
M. R. Barringer

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Walter McFall
Ralph Coffey
S. E. Moser

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S. H. Steelman
H. M. May
P. P. Yates
W. D. Yelton

GOLF

C. C. Bennett, *Chairman*
F. W. Davis
Edwin Plaster
R. R. Hoffman
John Fritz

LOCAL ARRANGEMENTS

W. J. Turbyfill, *Chairman*
M. H. Truluck
W. R. Aiken
A. P. Cline

Program

FIRST DISTRICT DENTAL SOCIETY

George Vanderbilt Hotel

Asheville, N. C.

September 30 and October 1, 1951

Sunday, September 30

11:00 A. M. Golf Tournament.....Asheville Country Club

4:00 P. M. Registration.....George Vanderbilt Hotel Lobby

8:00 P. M. Meeting Called to Order by President A. W. BOTTOMS, D.D.S., Canton

Invocation.....WALTER T. MCFALL, D.D.S., Asheville

"Dentistry In a Veterans' Administration TB Hospital,"

I. H. ARCHER, D.D.S., Chief Dental Surgeon.....Oteen

"A Discussion of Various Types of Periodontal Conditions, and the Use of the Toothbrush in Their Prevention and Cure,"

S. PARKER GAY, D.D.S.....Greensboro

Recognition of N. C. Dental Society Officers

Introduction of Visitors.....DR. M. H. TRULUCK, Asheville

Minutes of Last Meeting

Treasurer's Report

Old Business

New Business

Presentation of New Members

Reports of Committees

Adjournment

Monday, October 1, 1951

8:00 A. M. Veterans' Breakfast

8:00 A. M. Registration continued

9:00 A. M. President's AddressA. W. BOTTOMS, D.D.S., Canton

9:30 A. M. "Mandibular Anterior Fixed Bridgework,"

CLAUDE R. BAKER.....University of North Carolina, Chapel Hill

Synopsis: A prepared and illustrated lecture and clinic directly relating to the various requirements necessary for successful treatment of the loss of human teeth in the anterior region of the mandibular arch. The major problems to be dealt with will regard abutment selection, retainer types, suitable pontic construction for this area, and satisfactory connectors. Each phase of the construction will receive individualized attention at a table clinic demonstration which will follow. Models and other types of visual aids will be used to assist the plan for instruction.

12:30 P. M. Luncheon

Golf Awards by C. C. BENNETT

Election of Officers

Installation of New Officers

1:30 P. M. "Complete Denture Esthetics and Phonetics"

WALTER A. HALL, Professor of Prosthodontics, UNC School of
Dentistry..... Chapel Hill

Synopsis: The common salient factors which the practitioner may employ to better his Complete Denture Service; adherence to these basic fundamentals presenting a finer denture service and happier patient-dentist relationship. Utilization of color, form, size, placement, and basic characterization of artificial denture teeth; denture-base form and contour; phonetic articulation fundamentals and biomechanical application thereof to be presented. (This will be a slide illustrated presentation with a table clinic step by step procedure.)

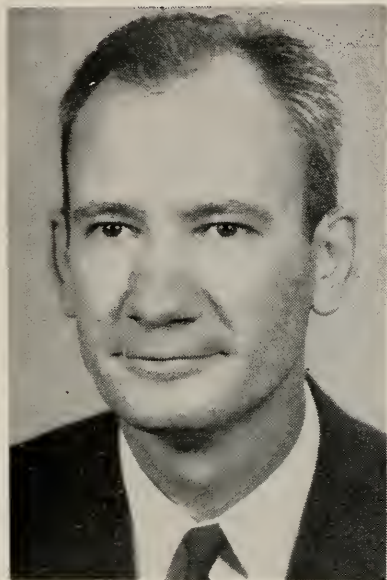
3:30 P. M. First District Table Clinics

Final Business Session

Adjournment

ARRANGEMENTS COMPLETE FOR INTERESTING PROGRAM

Joe V. Davis, D.D.S., President



DR. DAVIS

Your Executive Committee met immediately following the meeting last fall and deemed it advisable to advance the date of our annual meeting from its usual second week in October, due to the American Dental Association meeting in Washington, D. C., on October 18-23. These earlier dates I call to your special attention. Our Annual meeting of the Second District Dental Society will convene promptly at 9:30 A. M., Monday, September 24 and continue to Tuesday noon, September 25.

The committee has arranged a well balanced program. Dr. Grossman gave

a most interesting clinic before the Charlotte Dental Society. The requests to hear him again by many of this group gives us an insight into the dynamic presentation of a most able and informed clinician.

Dr. Claude Cannon always brings a big bag of tricks along with his most valuable information gained from his personal research and experience.

Dr. Walter Hall comes to us from Chapel Hill. He is a recent addition to the faculty. His study and experience well qualifies him in the too often neglected field of partial dentures. These men are giving of their valuable time to come to us; let's show our appreciation by our attendance.

The Entertainment Committee has been fortunate in getting a most unusual banquet program. I highly commend this to every member as a must, and especially to the members of the Auxiliary. This, I am sure, will give every one of us a great moral lift by sharing the experiences of one of our own North Carolina dentists.

Arrangements for golf at the Forsyth and Old Town Clubs are being made by Riley Spoon of the Local Arrangements Committee.

I strongly urge each member to attend this meeting, and extend a cordial welcome to all other members of the North Carolina Dental Society, and Sister States.

SECOND DISTRICT DENTAL SOCIETY

OFFICERS 1950-51

Joe V. Davis, Jr.	<i>President</i>
Wade Sowers	<i>President-Elect</i>
L. C. Holshouser	<i>Vice-President</i>
Thomas L. Blair	<i>Secretary-Treasurer</i>
Horace P. Reeves, Jr.	<i>District Editor</i>

COMMITTEES

PROGRAM

Thomas G. Nisbet, *Chairman*
John Ashby
J. P. Reece

ENTERTAINMENT

George S. Alexander, *Chairman*
Paul Stroup
Phillip Melvin

LOCAL ARRANGEMENTS

W. B. Sherrod, *Chairman*
Riley E. Spoon
David Beavers

NECROLOGY

J. P. Bingham, Sr., *Chairman*
Thomas Hamer
Paul Moorefield

DENTAL RELIEF

J. H. Guion, *Chairman*
Rosebud Morse Garriot
O. R. Hodgin

CLINIC

Frank Kirk, *Chairman*
Olin W. Owen
C. M. Parks

CONSTITUTION AND BY-LAWS

W. C. Taylor, *Chairman*
Howard Thompson
A. R. Kistler

MEMBERSHIP

Wade Sowers, *Chairman*
James Graham
Leslie Holshouser

NOMINATING

J. A. McClung, *Chairman*
Milo Hoffman
Clyde Current

ETHICS

E. G. Click, *Chairman*
C. D. Wheeler
Edward Austin

Program

SECOND DISTRICT DENTAL SOCIETY

Hotel Robert E. Lee
Winston-Salem, N. C.

Monday, September 24, 1951

9:00 A. M. Registration Hotel Mezzanine

9:30 A. M. Opening Session

Meeting Called to Order by the President JOE V. DAVIS, JR.
D.D.S., Concord

Invocation

Report of Necrology Committee: J. P. BINGHAM, SR., D.D.S.
Lexington

Receiving Applicants for Membership WADE SOWERS,
D.D.S., Lexington

Introduction of Visitors J. P. REECE, D.D.S., Concord

Recognition of State Officers and Auxiliary Officers

President's Address JOE V. DAVIS, JR., D.D.S., Concord

11:00 A. M. "Polyantibiotic Treatment of Pulpless Teeth".

DR. LOUIS I. GROSSMAN University of Pennsylvania

Synopsis: A rapid method of sterilizing root canals by means of antibiotics will be presented. No single antibiotic is known which will effectively destroy gram positive and gram negative as well as yeast organisms commonly encountered in infected root canals. A combination of antibiotics—polyantibiotics treatment—is therefore necessary. Data on about 300 cases indicate that almost all root canals can be sterilized in one or two treatments. A motion picture film depicting the technic in detail will be shown.

12:30 P. M. Luncheon

2:00 P. M. "Amalgam Manipulation and Cavity Preparation".

DR. CLAUDE CANNON Fayette, Alabama

Synopsis: The presentation will deal with various steps in amalgam manipulation, including certain modification of cavity preparation. Amalgamation will be demonstrated, showing a practical way of determining the correct degree. Condensation, and other steps that are of interest will be shown. There will also be a table clinic.

3:30 P. M. Table Clinics

"A Positive X-Ray Technique." (patient present)

HENRY C. HARRELSON, D.D.S. Charlotte

"A Simple Accurate Bridge Technique"	
JAMES GRAHAM, D.D.S.	Charlotte
"Premedication of Dental Patients"	
PAUL STROUP, D.D.S.	Charlotte
"Procedures in Removal of Fractured Root Tips".	
VAIDEN KENDRICK, D.D.S.	Charlotte
"Simple Method of Correcting Occlusion in Finished Dentures".	
C. D. WHEELER, D.D.S.	Salisbury
"Modified Acrylic Post Crowns".	
JAMES A. HARRELL, D.D.S.	Elkin
"X-Ray Interpretation".	
JAMES R. CRAWFORD, D.D.S.	Winston-Salem
"Three Points of Joint Concern to the General Practitioner and the Orthodontist".	
DWIGHT A. JACKSON, D.D.S.	Winston-Salem
"Opening the Bite".	
JOHN A. MCCLUNG, D.D.S.	Winston-Salem
"Simplified Full Denture Procedure".	
HYMAN H. LEVINE, D.D.S.	Winston-Salem

6:30 P. M. Banquet

8:30 P. M. Business Session, Election of Officers, Selection of Meeting Place

Tuesday, September 25, 1951

8:00 A. M. Veterans' Breakfast

9:30 A. M. "Removal Partial Denture Support and Retention".

Synopsis: The biomechanical factors of removable partial denture support and retention will be presented in conjunction with their related application to denture service.
Hard and soft tissue denture support, diagnosis, and utilization thereof; the fundamentals, design, and usage of bar and circumferential clasps will be presented.

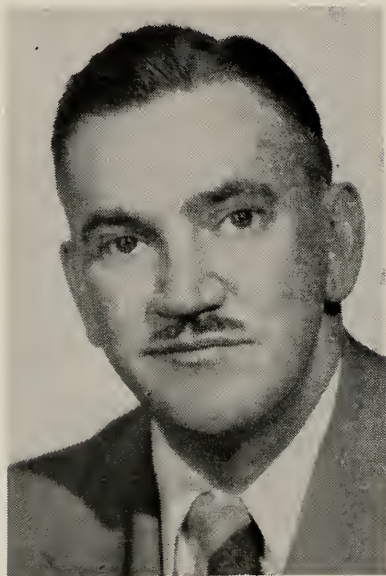
11:00 A. M. Business Session

Installation of Officers

Adjournment

COME BACK TO SEDGEFIELD

William A. Pressley, D.D.S., President



DR. PRESSLEY

We are meeting for the second consecutive year at Sedgefield and I believe, for a mighty fine reason. Last year attendance was excellent and everyone seemed to have a great time; this year we would like to repeat, or possibly better this record. We hope that the ladies will help us, as they have been, since the formation of their auxiliaries, and we wish to make them especially welcome.

The Third District is most fortunate to have our dental school within

it; and through the generous co-operation of Dean John Brauer, Doctor Sam Shaffer and his committee promises us a splendid scientific program.

We sincerely believe that between the social and scientific offerings you will be able to take home, not only a pleasant memory of Sedgefield and Greensboro, but also a lot of real practical dentistry. So mark off the calendar for September 16, 17, 18, and let's have a real get together.

THIRD DISTRICT DENTAL SOCIETY

OFFICERS 1950-51

William A. Pressley	<i>President</i>
James L. Henson	<i>Vice-President</i>
P. B. Whittington, Jr.	<i>President-Elect</i>
George F. Kirkland	<i>Secretary-Treasurer</i>
William T. Burns	<i>District Editor</i>

COMMITTEES

EXECUTIVE

H. V. Murray, *Chairman*
Frank E. Gilliam
C. H. Teague

PROGRAM

John C. Brauer, *Honorary Chm.*
Sam Shaffer, *Chairman*
Wm. I. Farrell
R. S. Turner
C. I. Miller

AUDITING

Neal Sheffield, *Chairman*
H. W. Moore
T. W. Atwood
Claude A. Adams

LEGISLATIVE

J. T. Lasley, *Chairman*
Dan T. Carr
Marvin R. Evans
Norman F. Ross

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R. A. Wilkins, *Chairman*
O. L. Presnell
J. B. Milliken
L. C. Page
E. M. Medlin

GOLF

Allen Graham, Sr., *Chairman*
C. D. Kistler
P. B. Whittington
F. S. Caddell

CLINICS

P. B. Whittington, *Chairman*
Norman F. Ross
R. S. Turner
J. E. Roberts
J. T. Thomas

MEMBERSHIP

George F. Kirkland, *Chairman*
S. T. Hart
J. W. Sigmon
John R. Wheelless
Reid Garrett

ARRANGEMENTS

James L. Henson, *Chairman*
Carl B. Wolfe
J. J. Lauten
Harry A. Karesh
S. P. Gay
W. R. Hinton

NECROLOGY

J. S. Betts, *Chairman*
Henry Carr
R. W. Brannock

ETHICS

W. T. Burns, *Chairman*
A. W. Craver
Glenn G. Scott
Allen Graham, Jr.
Mott P. Blair

PUBLICITY

Frank Atwater, *Chairman*
James A. McIntosh
Charles W. McAnnalley
D. K. Lockhart

Program

THIRD DISTRICT DENTAL SOCIETY

Sedgefield Inn

Greensboro, North Carolina

Sunday, September 16, 1951

11:00 A. M. Golf Tournament

6:00 P. M. Cocktail Party followed by Buffet Supper

Monday, September 17, 1951

8:00 A. M. Breakfast

9:00 A. M. Registration

9:30 A. M. Opening Session

Invocation J. S. BETTS, D.D.S., Greensboro

Address of Welcome T. E. SIKES, D.D.S., Greensboro

President's Address W. A. PRESSLEY, D.D.S., Greensboro

Recognition of State Officers

Introduction of Visitors JAMES L. HENSON, D.D.S., Greensboro

Presentation of Candidates for Membership

10:30 A. M. "Complete Denture Esthetics and Phonetics"

WALTER A. HALL, JR., B.S., D.D.S., M.S., Chapel Hill

Synopsis: The common salient factors which the practitioner may employ to better his Complete Denture service; adherence to these basic fundamentals presenting a finer denture service and happier patient-dentist relationship. Utilization of color, form, size, placement, and basic characterization of artificial denture teeth; denture-base form and contour; phonetic articulation fundamentals and biomechanical application thereof to be presented.

12:00 Noon Adjournment

12:30 P. M. Luncheon

12:30 P. M. Luncheon for Third District Veterans' Group

2:00 P. M. "Practice Management As It Relates to Children"

W. W. DEMERITT, D.D.S. Chapel Hill

Synopsis: The discussion will include child and parent management, records, various technics for "proper presentation of problems to parents," and fee arrangements.

3:30 P. M. "Removal Partial Denture Support and Retention"

WALTER A. HALL, JR. Chapel Hill

Synopsis: The biomechanical factors of removable partial denture support and retention will be presented in conjunction with their related application to denture service. Hard and soft denture support, diagnosis, and utilization thereof; the fundamentals, design, and usage of bar and circumferential clasps will be covered.

5:00 P. M. Adjournment

6:30 P. M. Dinner. Awarding of golf tournament prizes

Tuesday, September 18, 1951

8:00 A. M. Breakfast

9:00 A. M. "Airbrasive"..... CLIFFORD M. STURDEVANT, D.D.S., Chapel Hill

10:30 A.M. TABLE CLINIC

"Hydro-Colloid Inlay Technics"
DR. FRANK ATWATER Greensboro

"Pinledge Attachments"
DR. JOHN T. BELL Durham

"Practical Orthodontia"
DR. DANIEL T. CARR Durham

"Drugs in Oral Surgery"
DR. CHARLES D. EATMAN Rocky Mount

"Stainless Steel Crowns for Deciduous Teeth"
DR. J. J. LAUTEN Greensboro

"Root Resections"
DR. NORMAN F. ROSS Durham

"Root Canal Therapy"
DR. M. RAY HUNTER Greensboro

"Periodontia"
DR. JAMES B. HOWELL Greensboro

"Fractures of the Maxilla and Mandible"
DR. JAMES C. FINN Greensboro

"Manipulation and Insertion of Amalgam"
DR. R. S. TURNER Greensboro

12:00 Noon Adjournment for Luncheon

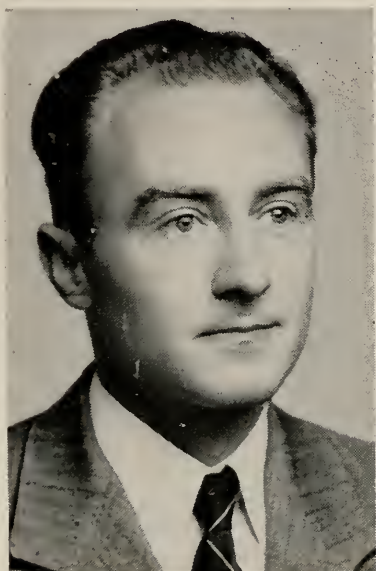
1:30 P. M. "The Child in Your Practice"
W. W. DEMERITT, D.D.S. Chapel Hill
Synopsis: Various procedures common to an everyday practice will be presented.

2:30 P. M. Business Session
Report of Committees
Selection of Meeting Place
Installation of Officers

3:00 P. M. Adjournment of Meeting

ATTEND YOUR DISTRICT MEETING

Paul T. Harrell, D.D.S., President



DR. HARRELL

The Fourth District Dental Society will have its annual meeting September 10, 11 at the Sir Walter Hotel in Raleigh. Please reserve these dates so that you may attend the Banquet on Monday night and the general session on Tuesday. Due to the meeting of the American Dental Association in Washington, D. C., in October and conflicting dates with other District Societies, our meeting date had to be set earlier this year.

The Entertainment Committee reports that they have made arrangements for a most enjoyable program for our banquet. The clinicians have been carefully chosen by our Program Committee with the idea of bringing you practical suggestions which can be used in our everyday practice. Your appreciation for the efforts of our Entertainment and Program Committees may be expressed by your presence.

We extend a cordial invitation to dentists of other districts as well as other ADA members to attend our meeting. There is a prospective new member in your community, please invite him to meet with us. The ladies are always welcome.

Special thoughts are sent to all of our fellow-dentists who are now in some branch of military service. We will be happy to have you attend this meeting if it is possible. Our wish for you is that you will soon be home in your regular private practice.

I wish to thank each of you for your untiring and willing co-operation during the past year. It has been a pleasure to work with you.

Be sure to come to Raleigh, September 10, 11, as I will be looking for each of you.

FOURTH DISTRICT DENTAL SOCIETY

OFFICERS 1950-51

Paul T. Harrell	<i>President</i>
E. D. Baker	<i>President-Elect</i>
J. E. Swindell	<i>Vice-President</i>
L. M. Massey	<i>Secretary-Treasurer</i>
S. B. Towler	<i>District Editor</i>

COMMITTEES

PROGRAM

T. M. Hunter, *Chairman*
W. W. Rankin
Walter Finch

ENTERTAINMENT

S. B. Towler, *Chairman*
W. Howard Branch
Paul Fitzgerald

STATE INSTITUTIONS

D. L. Pridgen, *Chairman*
Walter L. McRae
C. W. Sanders

MEMBERSHIP

E. D. Baker, *Chairman*
Worth M. Byrd
J. R. Edwards, Jr.

A. D. A. RELIEF

J. H. Ligon, *Chairman*
R. I. Eagles
G. L. Hooper

ETHICS

Wilbert Jackson, *Chairman*
R. M. Olive, Jr.
L. D. Herring

PUBLICITY

J. J. Tew, *Chairman*
Marvin T. Jones
James F. Pruitt

Program

FOURTH DISTRICT DENTAL SOCIETY

Hotel Sir Walter

Raleigh, North Carolina

September 10, 11, 1951

Monday, September 10

7:00 P. M. Banquet
Entertainment

Tuesday, September 11

8:00 A. M. Veterans' Breakfast

8:30 A. M. Registration

9:00 A. M. Meeting Called to Order by President
PAUL T. HARRELL, D.D.S. Wake Forest
Invocation..... ROYSTER CHAMBLEE, D.D.S., Raleigh
Secretary and Treasurer's Report
L. M. MASSEY, D.D.S. Zebulon
President's Address
Recognition of Officers
Introduction of Visitors, G. FRED HALE, D.D.S., Raleigh

10:00 A.M. Business Session
Election of Officers
Election of Delegates and Alternates to the North Carolina
Dental Society
Presentation of Applicants for Membership
Introduction of New Members E. D. BAKER, D.D.S., Raleigh

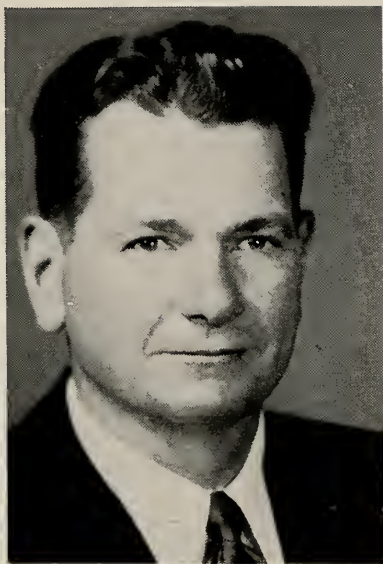
10:30 A.M. "Mandibular Cuspid Abutment Preparation for Bridge Work"
DR. CLAUDE R. BAKER UNC Dental School, Chapel Hill

11:15 A. M. "Self Polymerizing Resins as a Filling Material"
DR. O. W. CLOUCH Medical College of Virginia

- 12:00 Noon "Public Relations and North Carolina Dental Foundation"
 ERNEST A. BRANCH, D.D.S. Raleigh
- 12:30 P. M. Luncheon
- 1:30 P. M. Group I DR. CLAUDE R. BAKER
 Group II DR. O. W. CLOUGH
- 2:00 P. M. Group II DR. CLAUDE R. BAKER
 Group I DR. O. W. CLOUGH
- 2:30 P. M. TABLE CLINICS
 "Preventive Orthodontics"
 E. D. BAKER, D.D.S., and ROBERT GILBERT, D.D.S. Raleigh
 "Dental X-rays Using Long Cone Technique"
 ROBERT BEAM, D.D.S., and VICTOR BELL, D.D.S. Raleigh
 "Children's Dentistry"
 THOMAS P. FREEMAN, D.D.S. Raleigh
 "Airbrasive Technique"
 L. H. PASCHAL, D.D.S. Fayetteville
 "Use of Modeling Compound in Porcelain Jacket Work"
 WORTH M. BYRD, D.D.S. Sanford
 "Amalgam Restoration" J. E. SWINDELL, D.D.S., Raleigh
- 4:00 P.M. Business Session
 Reports of Committees
 Installation of Officers
 Adjournment

CORDIAL WELCOME

James H. Smith, D.D.S., President



DR. SMITH

We are meeting this year in Rocky Mount, the home town of our most outstanding member—Dr. Clyde Minges—Past President of the American Dental Association. This is just one more reason all of us will want to make every effort to attend the meeting. Rocky Mount, located in Nash and Edgecombe counties, offers many attractions as a meeting place and is leaving no stone unturned in making provision for our accommodations.

The Entertainment Committee, and the Program Committee have done a superb job in their planning. Such personalities as Edmund Harding of Washington, N. C., and Drs. John C. Brauer, and H. D. Coy assure us of a profitable meeting and a pleasant one.

I count it a personal joy to extend an urgent invitation and a cordial welcome not only to the members of the Fifth District but to friends from other districts who may wish to come.

FIFTH DISTRICT DENTAL SOCIETY

OFFICERS 1950-51

James H. Smith.....	<i>President</i>
C. B. Johnson.....	<i>Vice-President</i>
Dan Wright.....	<i>President-Elect</i>
Coyte R. Minges.....	<i>Secretary-Treasurer</i>
F. E. Lansche.....	<i>District Editor</i>

COMMITTEES

PROGRAM

A. T. Jennette, *Chairman*
M. M. Lilley
Ransey Weathersbee, Jr.

NECROLOGY

Z. L. Edwards, *Chairman*
Darden Eure
Dewey Boseman

CLINIC

G. L. Overman, *Chairman*
B. McK. Johnson
J. G. Poole

AUDITING

Herbert Spear, *Chairman*
Fred Hunt
Frank Harris

MEMBERSHIP

C. B. Johnson, *Chairman*
R. B. Barden
E. K. Wright, Jr.

RELIEF

Paul Fitzgerald, *Chairman*
C. V. Zibelin
W. L. Hand, Jr.

STATE, COUNTY, AND CITY HOSPITALS

W. H. Young, *Chairman*
Guy V. Harriss
L. R. Turner

ARRANGEMENTS

R. L. Whitehurst, *Chairman*
Edward Eatman
Charles Godwin

DENTAL DECAY

M. W. Aldridge
Cicero Denton

RESOLUTIONS

W. T. Ralph, *Chairman*
J. V. Turner
A. L. Wooten

PUBLICITY

Henry Zaytoun, *Chairman*
James Zealy
Fred Hunt

Program

FIFTH DISTRICT DENTAL SOCIETY

Ricks Hotel

Rocky Mount, North Carolina

September 9, 10, 1951

Sunday, September 9

6:00 P. M. Supper Ricks Hotel
Entertainment MR. EDMUND HARDING, Washington

Monday, September 10

8:00 A. M. Veterans' Breakfast Ricks Hotel

9:00 A. M. Meeting Called to Order by President
JAMES HENRY (JIMMIE) SMITH Wilmington
Invocation REVEREND ERNEST LINEBERGER
Address of Welcome MR. R. GRAHAM DOZIER
Response to Address of Welcome H. E. NIXON, D.D.S.
Elizabeth City

Minutes of Last Meeting

President's Address

Report of Necrology Committee

Presentation of Applicants for Membership

Greetings from N. C. Dental Officer

10:00 A.M. Report Dental School, University of North Carolina
DEAN JOHN C. BRAUER

10:20 A.M. TABLE CLINICS

"Presentation of the Micro Denture Procedure"

DR. H. A. EDWARDS Pink Hill

"Amalgam Restoration"

DR. M. W. ALDRIDGE Greenville

11:00 A. M. "Self-Polymerizing Resin Fillings"

DR. H. D. COY Dental Dept., Medical College of Virginia

12:30 P. M. Questions and Answers

1:00 P. M. Luncheon

2:00 P. M. Business Session

Treasurer's Report

Report on President's Address

Report on Committees

New Business

Election of Officers

Place of Next Meeting

Installation of Officers

Adjournment

ANNOUNCEMENTS FROM THE AUXILIARIES

FIRST District Ladies Auxiliary will hold their next meeting at the George Vanderbilt Hotel, October 1, 1951. Ladies please attend.

SECOND District Ladies auxiliary will meet at the same time as the District Society, at the Robert E. Lee Hotel, Winston-Salem.

THIRD District Ladies Auxiliary announce their meeting place at the Sedgefield Inn, Greensboro, Sept. 16, 1951. A cocktail party and supper Sunday evening at 6:00 o'clock. Business Monday followed by Dutch Luncheon at 1:00 o'clock. Welcome to all.

FOURTH District Ladies Auxiliary will meet at the Sir Walter Hotel, Raleigh, September 11, 1951. Fashion Show during Luncheon followed by a business session and bridge party. For your luncheon reservations please contact, Mrs. L. D. Herring, 810 Prof. 31, Raleigh.

FIFTH District Ladies Auxiliary will convene at the New Ricks Hotel, Rocky Mount, at 6:00 P. M. September 9, 1951 with a Buffet Supper. Monday at 10:00 A. M. Coffee Hour followed by a business session and Luncheon at 1:00 P. M.



ANNOUNCEMENTS

The North Carolina Dental Society will hold its annual State Meeting at Pinehurst, N. C., May 11-14, 1952. Dr. B. N. Walker, Secretary-Treasurer, Liberty Life Building, Charlotte, N. C.

The South Carolina Dental Association will meet in Greenville, S. C., for its annual State Meeting in 1952. Dr. J. R. Owings, Secretary-Treasurer, Greenville, S. C.

Annual Meeting—American Academy of Periodontology, October 11-13, 1951, Mayflower Hotel, Washington, D. C. Dr. Clarke E. Chamberlain, Secretary, 115 North Street, Peoria, Illinois.

New Orleans Dental Conference, November 11-14, 1951. Roosevelt Hotel, New Orleans. Dr. M. R. Matta, Secretary, 629 Maison Blanche Building, New Orleans, La.

NEWS ITEMS FROM THE DISTRICTS

SECOND DISTRICT:

In September, 1950, Dr. Edward U. Austin reported to the Charlotte Dental Society on the Detroit (Michigan) Society Time Payment Plan and its operation in that city. Such a plan allowed more people to obtain necessary dental attention and give participating dentists assurance of collecting larger accounts.

Dr. Burke Fox was made chairman of a committee with Drs. Arden Galarde, Henry Harrelson, Donald Kiser, Tom Nisbet, and John Pharr as members. Upon coordinating information to the Charlotte Dental Society the "Charlotte Dental Society Time Payment Commission" was organized to make an agreement with a local bank. Negotiations required several months but the commission started operating the first part of May 1951, with the Bank of Charlotte

Membership is optional to any member of the Charlotte Dental Society and those who join pay a small fee to help the establishment of a reserve fund. Patients of any member can apply to use the plan, and their payments are made directly to the bank. The bank pays the dentist upon the dentist's request anytime after completion of the contract.

The members of the committee and the commission are to be congratulated on their study and the bringing to North Carolina another step forward to help the general public as well as the dental profession.

Dr. Edward U. Austin of Charlotte has recently completed a years post-graduate study of oral surgery at the University of Pennsylvania. He has accepted a residency in oral surgery at Geissenger Memorial Hospital in Danville, Pennsylvania.

Dr. Clarence F. Biddix and Dr. Lackey Peeler of Charlotte are stationed now at Parris Island Marine Training Depot.

Dr. W. S. Kirk of Salisbury is in service in Europe.

FOURTH DISTRICT

Dr. S. L. Bobbitt is in Duke Hospital; we hope he will soon be home and able to resume his duties at the office.

Dr. G. Fred Hale is in excellent condition after spending three weeks at the beach.

Dr. W. Howard Branch was out of his office for several weeks from losing his voice. We are glad he is back at the chair full time again.

Here in Raleigh four dentists have recently become proud fathers:

Dr. Swindell has a daughter, Camile Blunt; born June 2, 1951.

Dr. Herring has a daughter, Pamela Ann; born April 4, 1951.

Dr. Collins, a daughter, Clotilde Crow; born January 25, 1951.

Dr. Johnson has a "bouncing baby boy", Kenneth L., Jr., born April 17, 1951.

Dr. Marshall at Elgin, Florida, announces the birth of a daughter, Martha Jeanette, on January 14, 1951.

Dr. Phillips was recently married to Miss Dorothy Reynolds, of Raleigh, and are making their home on the Edwards Mill Road.

Dr. and Mrs. E. A. Pearson have moved into their new home on the Fairview Road.

Dr. and Mrs. Robert Byrd have moved from their home on the Wake Forest Road to Alexander Road in Raleigh.

We of the Fourth District are very proud of the men who so willingly have closed their office doors and entered the Armed Services: Drs. James H. Edwards, W. Penn Marshall, and Brooks W. Harwood, from Raleigh; J. S. Hair, Fayetteville; R. L. Horton, Wendell; C. C. Pruitt, Oxford; G. I. Townsend, Dunn; J. T. Hunt, Henderson.

FIFTH DISTRICT

The following have entered the Military Service:

F. D. Bell, Washington; Charles Barker, New Bern; W. H. Gray, Williamston; Abner Riggs, Elizabeth City; Royal Carson, Rocky Mount; W. H. Johnson, Weldon, (now living in Springfield, Ohio).

Dr. G. W. Price died in Kinston.

Dr. A. C. Bone died in Rocky Mount.

Its a girl at the home of Dr. and Mrs. H. S. Zaytoun, Rocky Mount.

Dr. and Mrs. Frank Civils have moved in a new home in Kinston, they moved from Cove City.

ANNOUNCEMENT TO MEMBERS NORTH CAROLINA DENTAL SOCIETY

In regard to the Society's Group Accident and Health Plan, I am pleased to announce the Company has now agreed to increase the maximum weekly indemnity from \$50.00 to \$75.00, (\$325.00 per month), for all present policyholders under age 60. The cost of that increase will be \$36.00 annually, or \$18.00 semi-annually, same proportionate premium as charged since the inception of Plan in 1943.

Also OPTIONAL HOSPITAL COVERAGE

Additional hospital benefits payable at the rate of \$10.00 per day up to a limit of 70 days in connection with any one disability is offered at an additional premium of \$20.00 annually, or \$10.00 semi-annually. This optional coverage is only available to applicants under age 60, who are in good health and can qualify for it.

OPTIONAL SURGICAL OPERATION COVERAGE

A Surgical Operation Schedule is also available which provides payments up to a maximum limit of \$225.00 for any one surgical procedure. The additional premium charge for this coverage is \$10.00 annually, or \$5.00 semi-annually. This optional coverage is only available to applicants under age 60, who are in good health and can qualify for it.

GROUP REOPENED TEMPORARILY FOR THOSE NOT NOW INSURED UNDER THE PLAN

All un-insured members under age 60 may likewise apply for a policy of same kind, amount, and premium.

For Complete Details of
Benefits Available to You
Write

J. L. CRUMPTON, State Mgr.

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NORTH CAROLINA DENTAL SOCIETY





More is involved in surgery than sutures.

More is involved in fine restorations than metals, acrylics and porcelain teeth. Men and minds are involved in fine restorations and hands that through long experience have developed a touch of genius. This combination produces restorations that are conspicuously identified by their workmanship. Obviously, that workmanship reflects favorably on your skill at the chair.



Woodward Prosthetic Company
Southeastern Building
GREENSBORO, NORTH CAROLINA

Remember the name "Woodward" creators of the finest in dental restorations.

THE JOURNAL

of

THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

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1951-52

☆

F. Fred Hunt,
President
Rocky Mount

☆

Guy R. Willis
Vice-President
Durham

☆

Dr. A. C. Current
President-Elect
Gastonia

☆

Bernard N. Walker
Secretary-Treasurer
Charlotte

VOLUME 35

JANUARY, 1952

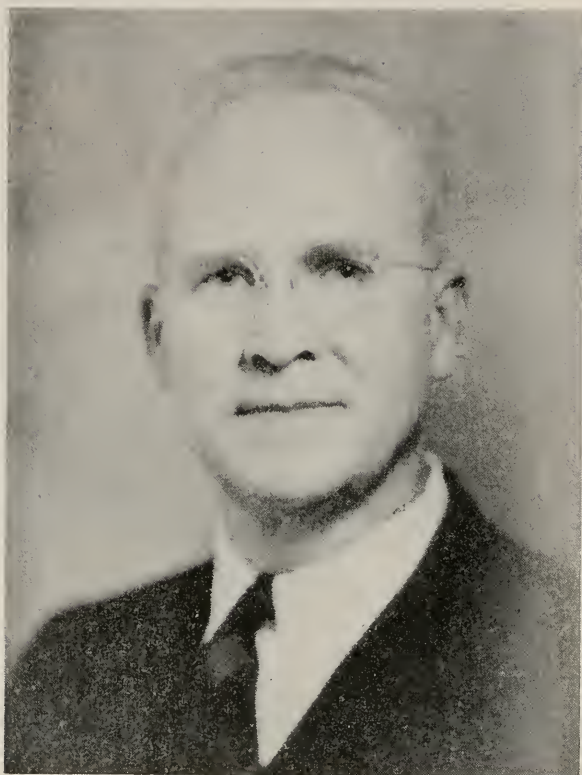
NUMBER 2

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Marvin R. Evans, Editor
Chapel Hill

The closing dates for the Journal are, February 10, July 10, and November 10.
Published Quarterly—January, April, August and October. Entered as Second Class Matter,
August, 1951, Chapel Hill, N. C. Subscription \$2.00.



DR. CHARLES S. McCALL

Quiet and steadfast in his tireless devotion to the dental profession, he has given himself unstintingly in his efforts to promote progress and unity. Greatly loved and admired by his community and colleagues, he exemplifies the highest ideals of service.

A Serviceable Citizen

(Reprinted from Greensboro Daily News, Dec. 9, 1951)

In the passing of Dr. Henry O. Lineberger at Raleigh North Carolina has lost one of its most serviceable citizens.

Busy as he was as a leader in the dental profession, Dr. Lineberger gave of himself freely and unstint-



DR. H. O. LINEBERGER

ingly in civic and humanitarian causes. He worked quietly, one might even say self-effacingly, but tirelessly, intelligently and effectively at whatever he undertook. His accomplishments,

over and above the personal attributes and qualities which endeared him to a wide circle of friends, will ever stand as his public memorial. While many, those which are certain to prove most enduring are his professional leadership and his invaluable contribution to the advancement of North Carolina's program of care for its mentally ill.

In the professional realm Dr. Lineberger had received practically all the honors that his fellow practitioners could bestow upon him on both the state and national levels. At the time of his death he was president of the American College of Dentistry and also of the North Carolina Dental Foundation, a position to which he had been re-elected, as the only presi-

dent the foundation had had since its establishment, only last month. He richly merited such honor, however, as he had previously served as chairman of the committee which brought about establishment of a school of dentistry at Chapel Hill.

As chairman of the State Hospitals Board of Control since 1945, or when the state's mental institutions were first consolidated during the Cherry administration, Dr. Lineberger threw himself wholeheartedly into the battle to improve these institutions, which had reached an especially low point just after the war, and lived long enough to see an almost miraculous change as the State's conscience became aroused to conditions and a huge building program was embarked upon, a program which is now well into its final stages. Dr. Lineberger's leadership and influence are wrought into the very foundations and the continuing high purpose of that program as it extends into the field of therapy.

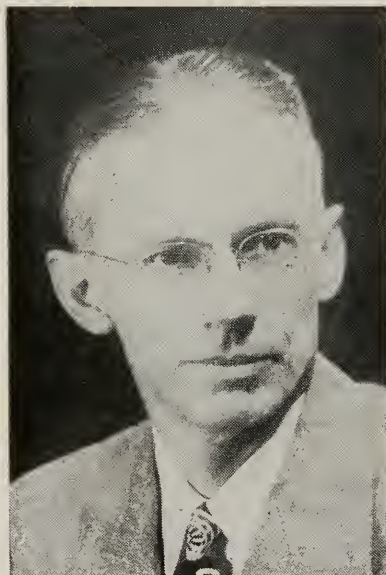
Dr. Lineberger never sought or even thought of self-glory; he was concerned with serving his fellow human beings to the best of his ability and effectiveness of purpose; and he carried on in that vein even after he had had several heart attacks and must have known the risk to which his continuing efforts subjected him.

North Carolina truly needs more such citizens who will serve for service's sake as Dr. Lineberger did.

OFFICIALLY SPEAKING

R. Fred Hunt, D.D.S., President

Many members of the North Carolina Dental Society attended the ADA meeting in Washington. Dr. LeRoy Ennis, who has many friends in North Carolina, was installed as President. Miami was selected as the meeting place for 1954. The annual session will be held in St. Louis in 1952 and Cleveland in 1953. The House of Delegates voted to defer action for one



DR. R. FRED HUNT

year on a resolution requesting that dentists be included in the old age and survivors insurance program. Many other important matters were handled by this group during the

four meetings held at the annual session.

It was my privilege to attend all day sessions of the Council on Dental Health and the State Officers Conference. Fluoridation of communal water supplies was a major theme at each of these meetings. Much interest is being exhibited and great strides have been made in fluoridation throughout the United States.

In North Carolina our Fluoridation Committee, under the able leadership of Dean Brauer, has been extremely active. Excellent and well attended committee meetings were held at each of the five District Meetings. Many cities now have programs under-way which we feel will be successful in securing the fluoridation of their municipal water supplies. Several cities have already received the approval of their city councils. If you desire to institute a program in your city, contact your district chairman or Dean Brauer.

Fluoridation is not a "cure-all." This point should be *strongly* emphasized. It is to be considered as a very important adjunct to the other known dental health preventive measures.

It was a distinct privilege and pleasure to again have the opportunity to visit the various districts. This has been an enjoyable occasion for the past five years.

May I extend my best wishes to you and your families for a most happy New Year.

FROM THE SECRETARY'S DESK

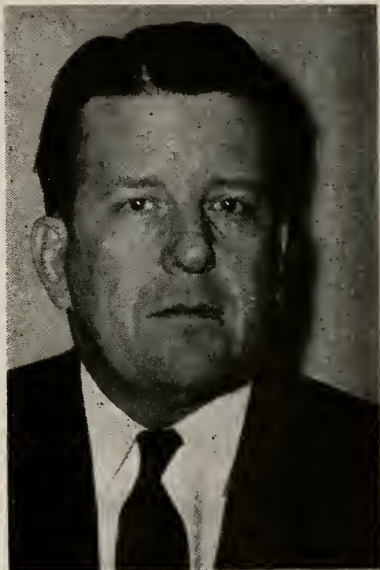
Bernard N. Walker, D.D.S., Sec'y.-Treas.

The North Carolina Dental Society was well represented at the annual meeting of the American Dental Association held in Washington. In fact, from the registration, it made the state of North Carolina the best represented on a per capita basis of any state in the Association. It was the largest meeting ever held by the ADA as far as registration was concerned. North Carolina was well represented on the scientific programs by Drs. Thomas G. Nisbet, Henry Parker, Homer Guion, Elliot Motley, and Glenn Lazenby, Jr. Three of the members of the North Carolina Dental Society were elected to Life Membership in the ADA, namely: Dr. A. H. Johnson, Greensboro; Dr. W. T. Martin, Raleigh; and Dr. C. M. Peeler, Shelby.

The Annual Meeting of the North Carolina Dental Society will be held at Pinehurst starting on Sunday night, May 11, and run until noon Wednesday, May 14, 1952. Dr. Darden Eure, program chairman and his committee have an excellent program lined up. Applications for reservations at the hotels will be mailed out about the first week in February, so be on the outlook for them and get them back to the hotel as soon as possible. Be sure to plan on taking the wife and daughter as the Ladies Auxiliary is planning on entertaining the members. Please, if you have a reservation and find out that you will not need it, notify the hotel or the secretary

so that someone else can be accommodated.

It was a pleasure to visit the meetings of the five districts this past year. The officers and committeemen are to be congratulated on the excellent meetings and the caliber of their programs. It is always inspiring to



DR. BERNARD N. WALKER

see what our districts can do and are doing. Thanks again for the hospitality and fine work that you have done.

I hope that all have had a Merry Christmas and I wish for all a healthy, happy, and prosperous New Year.

DISTRICT ACTIVITIES

A. C. Current, D.D.S., President-Elect

"Eternal vigilance is the price of freedom," said one of our great founders of national liberty. It must be remembered in this connection that totalitarian states do not permit subordinate meetings such as we have in our District Dental Societies. Our District Societies are privileged to meet and discuss our local problems by virtue of the democratic philosophy of the North Carolina Dental Society. This Society, as we all should remember, brought the Districts into being and encouraged them to function. We are functioning, and we are cognizant, I believe, of our vigilant responsibilities to our parent organization. This cognizance is evidenced by many recent activities.

During our district meetings just concluded, the attendance was unbelievably good. Men in numbers from every nook and corner of every district were in attendance. In other words, we were there in numbers not excelled on previous occasions.

Then too, the friendliness, the sincerity of purpose, the fellowship, and the good-will that one felt as he grasped the hand of his fellow dentist was unmistakably sincere. In the lobbies, in the room sessions, and particularly during the social hours, this good-will, fellowship, and harmonious spirit were never more strongly felt than they were during these meetings throughout our state; and I know that I am not alone in this feeling, for many men everywhere have attested to it.

Moreover, the scientific sessions were excellent. We had top-flight essayists and clinicians at every dis-

trict meeting. But someone may say that this is not the result of district activities so much. For did we not readily reach out and get many of these men from our new School of Dentistry at Chapel Hill? Yes, we did get these men from the growing faculty of our new School of Dentistry. But, if you have forgotten, you must be reminded that each district fell in line in support of its Alma Mater, the North Carolina Dental Society, in authenticating and sponsoring a state-wide effort within the North Carolina Dental Society to sell our people on the need for a school of dentistry within our midst. Therefore, it was district activity in a great sense that has made it possible for us to reach into the wooded lands of Chapel Hill and bring out as good as there is in dentistry not only this year but forever to augment our programs in every locality throughout our state. Yes the scientific sessions were unusually good.

And finally the young men who presented themselves to each district meeting for membership in organized dentistry were certainly inspirations to everyone. Men with shining character, keen perception, and unexcelled intellectuality coming into dentistry to further the cause of dentistry and to implement the health and public welfare of our people is a joy forever to those of us who have long been in organized dentistry and have watched its many struggles and advancements. I congratulate you who have recently come into the Society.

May I say congratulations to each

district society for a job well done. May we as district members never lose sight of the fact that we assemble by authority of the North Carolina

Dental Society; and our first allegiance as district members is to our Alma Mater, the North Carolina Dental Society.

OUR INCREASING RESPONSIBILITIES AND OBLIGATIONS

A. W. Bottoms, D.D.S., Canton

President's Address

Presented to the First District Dental Society October 1, 1951—Asheville

No man can be the recipient of this high office with its honors and responsibilities without realizing his debt to those who have labored before, those pioneer workers and officers in our district and profession. Yes, and to my friends who daily strive to give their best and most as good professional men and women in the healing arts. I am sincerely grateful to all of you for this privilege of service, and of trying to help connect the past and the future in our group.

All of us in the First District Dental Society comprising the twenty-five Western North Carolina Counties bid you a genuine welcome. Asheville is a fine convention city and we hope each of you will enjoy your visit, benefit from the recreation, entertainment and fellowship, and improve your services from attendance at our scientific presentations.

Yes these are trying times in so many ways. So much needs to be achieved, accomplished, for the correction of the ills and faults of this old world. As Doctors of Dental Surgery we have increasing responsibilities

and obligations both to the public at large as well as to our individual clientele. We ought to do more, for so many have never known the benefits of our skill and health-giving services. It is most difficult to increase patient load, to improve the spread of our professional services even with the ancillary and auxiliary personnel we have today. We must more and more turn to and depend upon proven research, "better ways of doing what we ought now to be doing." As doctors we ought to be preventing dental diseases and their sequelae.

No phase of dentistry deserves the attention as does Preventive Dentistry. It is not the same in all age groups but all of us must inform ourselves to deliver what is proven and beneficial now. The reduction of fermentable carbohydrates; the elimination of the sale of products of sugar in our school lunch rooms and snack bars; the utilization of proper and adequate home care of mouth and teeth will all assist in this fight on dreaded dental caries. All we may or can do in our offices, both actually

and educationally, is not enough, so the communal treatment of water by fluorination is all important and should be insisted upon as a public health measure.

We have great pride in our First District Dental Group. We have increasingly more study clubs, investigative seminars, post graduate courses, than ever before. Attendance at our larger district, state and national meetings, we all agree, is a must. Our exchange of thoughts as essayists and clinicians help all of us. Our representations on a local, state, and national level thrill us with enthusiasm and we like to think of our membership as good citizens as well as fine, outstanding people.

All of us thrill over the establishment of our dental school at Chapel Hill. The second class is now enrolled and at work; faculty personnel has been increased and added to with only those of the highest recognition being considered as teachers; the actual construction of the building is underway. We are already reaping the benefits of our dental school, for today two of our essayists are department heads, and last year our Dean, Dr. Brauer, appeared as essayist. We must support with all our heart and means this fine school. The Dental Foundation is of our making, it tokens real support and appreciation of the immediate and future needs. Have you subscribed yet? Will you do even more? All of us can help the school by visiting it, by boosting the students enrolled; by giving inspiration and information to outstanding boys and girls in our communities and colleges; by saving extracted teeth for technical work; by helping to build the dental library by the gift of a book or text-books or dental journals, or perchance giving a me-

morial volume in memory of a friend or loved one. It is OUR DENTAL SCHOOL, let's all support it in every way.

The increased advantages of our Health and Accident state-wide insurance program deserves the support and indorsement of every member. Adequate and safe health protection is a big part of our business planning. A large number of our members must obtain this new policy if all are to benefit from it. Intelligent and well informed attention should be given to the hopeful possibilities in Old Age Security and Old Age Pensions for dentists as proposed by the ADA and our friend Senator Hunt. In these days of inflation and little to be saved for actual demands of supporting a family, community, and national government, it behooves us to think well of this projection in our favor.

The life blood of a profession is its new members. We welcome you new members and we are glad you selected dentistry as a life work, and the First District Dental Society as your place to practice. We dentists are friendly folks so call upon us if we may be of any assistance or help.

May I, in conclusion, thank all of you who, by your excellent planning and preparation, have made this meeting possible. We are very grateful to our essayists and clinicians for sharing their skill and knowledge. We are happy to have visiting dentists and friends, we hope you will enjoy our meeting and plan each year to be with us. To all the officers and committees, to our very efficient and faithful secretary, man to man, and I sincerely mean it—Thanks A Lot.

The constitution and by-laws is being brought up to date and in com-

pliance with both our changes in the N. C. Dental Society and the ADA constitutional demands and requirements.

Thank you each and everyone for making this a happy and fine year in my life, and in the history of the

First District Dental Society. To you of our State Officers with us today, we welcome you and appreciate your services to and for all of us. May I hope to greet many of you in Pinehurst for our State Meeting next spring.

WE MUST CONTINUE OUR VIGIL

Joe V. Davis, D.D.S., Concord

President's Address

*Presented to the Second District Dental Society September 24, 1951—
Winston-Salem*

Mr. Vice-President, members of the Second District Dental Society and guests; as my year as president of this organization draws to a close, I want to express my appreciation for the opportunity you have given me to serve my profession. Certainly it has been the greatest satisfaction of my professional life. The success we have had and the progress we have made was possible only by the cooperation and diligent work of the various committees, officers, and others, all of whom have given most valuable aid. To these persons I wish to express our sincere thanks and appreciation.

I wish to congratulate Dr. Frank Kirk on his record of service to this society and to his profession that merits his selection as the one to whom the recent JOURNAL of the North Carolina Dental Society was dedicated. It is an honor, past due.

You are familiar with the latest developments regarding a National Health plan if you have consistently read your ADA Newsletter. At present, there seems to be a back-tracking or more probably a re-entrenchment being executed by the proposers of

National Health Insurance legislation. Apparently they have realized as proposed their program was undesirable to the American public. The efforts of the organized Medical and Dental professions were greatly responsible for this awareness of the public. However, those who have failed are now working just as hard to gain these same objectives, piece-meal, by revising and disguising proposals that will be evidenced during the next political campaigns. Therefore, we must continue our vigil by an even greater watchfulness for these insidious plans.

There are two programs now functioning to which I call your attention.

A program of nationwide scope which we must study and further evaluate is the magnitude that the Veterans Administration Dental Program has reached. Not alone the cost of this program for this year, but most important the cost in the years to come. With the need for a large military force it is conceivable that the number of beneficiaries in our life time could grow to twenty or twenty-five million. Certainly such a large group benefitting from a tax sup-

ported program will be a great step in softening up or creating appetites for a complete health service among a great segment of our populace. The similarity between this program and a regimented program should breed a keen desire to view this program very studiously. Much study must go into this program, out of which must come a solution that will place definite boundaries in which this agency must operate so that the tax load for these services will not be placed on generations to come.

A program confined to our own state also comes to mind. During the last two bienniums an effort in our legislature to slip in through the school systems of our state a "Child Health" program has proven successful to the extent of \$550,000 per fiscal year. The objectives for which these monies were appropriated cannot be questioned. There is not one among us who is not enthusiastically anxious to see the health of our children raised. Therefore, we do not question the purpose of this program. But we must question the manner in which these purposes were to be accomplished. These funds are appropriated to the State Board of Education to be spent, as far as can be learned, in any manner they see fit.

During the 1949-50, 1950-51 biennium the North Carolina Legislature appropriated \$550,000 per fiscal year to the North Carolina Board of Education with which the Board of Education was to raise the health standards of all the students of the school system. Again, during the past legislature, the same amounts were appropriated although requests for more were cut down to the same amounts before the appropriations came before the house. These appropriations were made to a group with a complete lack of training and knowledge in the

field of health and also, were made with no directives as to how best to attain a better child health; therefore, they have been spent in many devious ways. Some good, some bad; but in many instances, ways that have opened deep wounds in the public relations of the health professions. No consideration was given to the fact that a great majority of the counties of our state have operating county health departments, from whom advice should come as to how this money should be spent. No consideration was given to the fact that the state itself has an organization known as the State Board of Health from whom advice and supervision should come, and most important, no consideration was given to the fact that each health profession has an official State Organization from which advice should come as to how best to attain the desired results. With complete oversight of these qualified organizations, composed of highly specialized, trained personnel, this appropriation was turned over to the State Board of Education.

Who instigated this program? I do not know who originally started it but during the past legislature in my own community, an organization known as the "United Forces for Education" composed of mostly teachers and a few parents put on a sustained and vigorous drive to gain a 10 point program. One of these points was to increase the appropriation for Child Health Programs. My representative informs me that when the appropriations bill came out of committee the requests for additional health funds had been dropped and only teachers benefits were asked to be increased. Could these health benefits have been used to induce support for the overall ten points among unaware parents?

At the same time that many of these Boards of Education are unwisely disbursing these funds to raise the health of the students, many are condoning the sale of candies, cakes, carbonated drinks, and other foods of high carbohydrate content from student stores operated by the school; in the school where they are readily accessible to the students and where it is impossible for the students to carry out an adequate oral hygiene practice.

How was this appropriation spent in your locality?

Quoting an old axiom "A good offense is the best defense", we will accomplish more by a constructive line of thought and action. We must continue to realize that a minor percentage total population receive more than emergency care and we must continually strive to make good dental services available to all.

Through education can this best be accomplished. Present personnel should be anxious to seize every opportunity to stay up to date in his training. We must guide and encourage young men of integrity to become interested in Dentistry. Also, by informing the general public of better dentistry through the public relations program a great deal can be done. While we are considering the phases of education, research must be intensified to constantly better working materials and all agents by which we can better carry out our dental practices. This research is done by federal agencies, and by schools, and to a lesser degree by individuals. Certainly the federal participation in research should be strongly pursued in lieu of government actually subsidizing dental operations.

At this point I wish to emphasize to you the possibilities that the University of North Carolina School of

Dentistry brings close to us. Each of us should closely acquaint ourselves with our school; the physical plant and the excellent faculty being assembled there under the fine guidance of Dean John C. Brauer. On visiting the campus you will thrill to see that your profession is taking its place alongside the other health professions in training additional personnel. By becoming familiar with the school and availing ourselves of the training that will be offered in the graduate and post graduate schools, Dentistry in North Carolina will continue to grow and thus go a great way in maintaining our proven free enterprise way for a better dental health.

Also regarding the school, I would encourage each of us to join the Dental Foundation. Some can contribute little, others have and will contribute greatly of their means. Those whose duty it is to guide the education of dentists need a helping hand to gain the best teaching personnel and to carry on research; these are the traits by which a school builds its reputation. The southeast is the most rapidly developing part of the country. We can do our part to keep pace by giving a helping hand to our embryonic school through the Foundation.

The House of Delegates of the North Carolina Dental Society at its last annual meeting endorsed Fluoridation of Communal Water Supplies. This means that the Second District Society should endorse this procedure in order to bring it down to the local city and county society levels. . . .

Due to the growth of our society membership and the excellent membership of the Auxiliary, it is apparent that only a few communities in our districts are capable of handling our yearly meetings. In the past

few years, the local societies in the locality of our meeting have graciously sponsored the banquet entertainment. As we will have to frequently meet in these same places, the entertainment will be an unjust load. Certainly our ladies have made our meetings more successful and pleasant; therefore, our entertainment assumes a more important role in our program. It is my opinion that this should be a duly budgeted item with a bud-

et being set up each year by the Executive Committee.

In conclusion these are my recommendations for definite action by the district society:

1. This society visit our school and take an active part in its function by joining the Dental Foundation.

2. This society endorse the fluoridation of communal water supplies.

3. This society adopt the practice of duly budgeting entertainment expenses for the dinner meeting.

MANY ADVANCEMENTS IN DENTAL FIELD

William A. Pressley, D.D.S., Greensboro

President's Address

Presented to the Third District Dental Society September 17, 1951—Sedgefield

Members of the Third District Dental Society, honored guests, ladies and gentlemen: I wish to add my personal welcome to that already so adequately extended by Dr. Edgar Sikes to the 31st annual meeting of this group. I feel that we all look forward once a year to a meeting with our real close friends within the district. We feel closer, perhaps, and on easier conversational terms with the men who make up our own district than we do at larger gatherings, and as a consequence we have been able to make the most of such meetings, both scientifically as well as socially.

This year you have chosen me to head the district society. I am highly honored and sincerely grateful. It has been a pleasure and I trust that my committeemen have enjoyed the work of getting this meeting together as much as I have. I wish at this time to pay thanks to all these various

committees who have devoted their time and energy to bring us this program and to carry out the business of the society.

I feel that the Committee on Constitution and By-laws has done a splendid piece of work in bringing us a revised manual. This booklet will be of great assistance to new officers as well as to the membership at large; and the Committee and its chairman deserve a great deal of credit. I particularly wish to thank Dean John Brauer for his help to Dr. Sam Shaffer and me in bringing us the essayists and clinicians for this meeting. Dr. Jim Henson, as usual, has been willing to take on any task and as chairman of arrangements has done an excellent job.

This year has seen many advancements in our dental field. The new school of dentistry is now beginning its second successful season and the

work on the building program is progressing with more rapidity than anticipated. The completed center there will be something of which we may be justly proud; a far cry from the Quonset Huts, which still mark the beginning of our state's first dental institution.

The program for fluoridation is proceeding nicely. Although it has met with some opposition in certain areas, the publicity it has received has been most favorable on the whole and will be helpful in placing the program on a state level. I would be delighted to see this society go on record, before this session closes, as approving this program.

There are two matters which I wish to call attention to for which the Third District Society deserves credit. The first is the splendid piece of legislation which was proposed by the Veterans group last fall with regard to the induction of dentists into the armed forces. The resolutions were made at the fall meeting and were rapidly put through channels, first the state society's executive committee, next the same group in the ADA and within five weeks after action began were presented to the Congress by Dr. Philip E. Adams, then president of the ADA. The resolutions were adopted with one exception by the Defense Council. As a result of this work we have lost no dentist to the armed forces who had previously served unless it was done voluntarily. Acknowledgement of these resolutions by our society may be found in the BLUE BOOK . . . Transactions of the American Dental Association, 1950-pp. 125-6.

The second matter is that of the

resolutions made last year by the society with regard to revising the present examination of candidates for the armed forces. These resolutions were occasioned by the strong plea made by Dr. Norman Ross in his address that an effort be made to improve the nature of the examinations. It was proposed that the examination include a full month X-ray that can be made by competent dental officers, rather than enlisted personnel, and in many other ways be changed to a completely adequate record instead of the cursory type of examination heretofore employed. At the present time the government is playing Santa Claus to many of our eighteen million veterans, a number of whom have no service connected condition. With the type of examination heretofore employed the government cannot refute many claims and this expense naturally reverts to the taxpayer, and us. In another few years this 18 million will have become 25 million. The proposals which were made have proceeded through regular channels and are now before the Defense Council. How soon it will be before they are actually put into effect is not known, as any prodding of the Defense Council will be carried on by the ADA. However, we can at least feel that in instigating this move the Third District has ample reason to be proud. A record of these resolutions will also be found in the BLUE BOOK, pp. 132-3.

The men who will follow me will have things of far more interest to the membership, and I will close by again wishing you a pleasant and profitable sojourn in Sedgfield.

LET US KEEP ALERT

Paul T. Harrell, D.D.S., Wake Forest

President's Address

Presented to the Fourth District Dental Society September 11, 1951—Raleigh

Mr. Chairman, fellowmembers of the Society and guests: It is my sincere pleasure to welcome each of you to the thirty-first meeting of this organization. I want to express to the membership of this society my gratitude for giving me the honor of being your president.

The Fourth District Dental Auxiliary gave a picnic for their husbands in June at the Tar Heel Club near Raleigh which was enjoyed by a large group. Such social gatherings do not have a planned program, but through the fellowship it helps us renew our faith in dentistry, and to be more determined to perform our obligations. Be sure your wife joins the Auxiliary as I am confident she will enjoy it, and through her affiliation all will be benefited.

The Dental Foundation will be discussed later on in our program this morning so I will not elaborate on it now; however, I wish to urge you to contribute as generously as possible to it as it is for a most worthy cause, our own Dental School.

As you know the executive committee of the North Carolina Dental Society has approved the fluoridation of communal water supplies. Dean John C. Brauer is chairman of a state-wide committee. In a newsletter from our State President, Dr. Fred Hunt, you were told of the excellent opportunities that the members of our society have to render a

real and lasting service to the children of our state by fluoruration. He also gave the steps necessary for a fluoridation program. Let us give this committee our full support and cooperation in this important program.

At a breakfast conference of the District Officers at the state meeting in May at Pinehurst, a discussion was held as to the advisability of the district secretary serving more than one year. Should the district secretary serve two years, he relieves the state secretary of many duties and he himself is able to perform his job more easily and more efficiently the second year. I recommend to the Nominating Committee that this suggestion be considered in the future.

Many of us walk into our newly elected offices somewhat blindly as to what our duties are for the coming year. I would like to suggest that the retiring officers meet with the newly elected ones to discuss their job for the next year as soon after their election as possible.

Nearly every day we are reminded of compulsory health insurance. We must not relax in our efforts to fight against it. Let us keep alert and keep the public well informed about the dangers which this insurance would bring to our country. The present high standard of the dental profession is the direct result of the sacrifice and efforts of unselfish

men who have gone before us. It is our personal duty to maintain this standard.

We regret that many of our fellow dentists are not here with us today but are serving in some branch of military service. It is our wish and our prayer that each one of them will soon be back in their private practice.

During the past year our Executive, Program and Entertainment Committees met three times in Wake Forest. They were anxious to meet and seemed to enjoy working for our Society. I want to thank each one of them for their untiring efforts as well as each one of you for the fine cooperation and encouragement given me this past year.

OPPORTUNITIES FOR SERVICE

James H. Smith, D.D.S., Wilmington

President's Address

*Presented to the Fifth District Dental Society September 10, 1951—
Rocky Mount*

Fellow members of the Fifth District Dental Society, our program lists this as an address. It would be better described as a report, some observations and suggestions.

Among the subjects of greatest interest is the membership of the District Society. It is approximately the same, 139 members, as a year ago. Eight of these members are now in the armed services. There is reason to believe this number will be increased as the national defense program is advanced and makes greater demands upon professional manpower.

Today there is more reason than ever that the district membership should be at its maximum strength. We have but to look about our communities to realize Eastern North Carolina is in the midst of its greatest economic development. The 1950 Federal census showed handsome

population gains for most of our cities and counties. These and other factors certainly point to eventual enlargement of the number of practicing dentists within the district's jurisdiction.

The opportunities of the district to serve the profession never have been brighter. Obviously it is highly desirable to place the utmost emphasis on enlargement of membership. There are three courses toward that aim. One, earnest invitations to former members to return, another is solicitation of non-members now in the district, and the third is immediate enlistment of every dentist who enters the area.

Establishment of the Dental School at the University of North Carolina and organization of the Dental Foundation marked the beginning of the most auspicious era for dentistry in the state's history. Here is

the long awaited opportunity for all of us to repay much that we owe our profession.

The smooth beginning of the Dental School and the well-laid plans for the Foundation automatically bring new attention to the subject of public relations in our profession.

I have always liked to think of public relations as a two-level, personal and group, responsibility.

From the individual viewpoint, good public relations begin with the patient in the chair in the dentist's office. The patient's respect and friendship for the profession invariably is in direct ratio to the ability, attentiveness and personal concern of the dentist. By fulfilling our individual professional obligations well, we can expect to have a strong force of friends to answer those persons anxious to change the traditional and time-tested economic structure of the profession. As for group public relations, I am convinced the district should welcome, with maximum interest, all opportunities to inaugurate or participate in soundly justified plans for public service. The profession should never hesitate in informing the laity of its vital role in behalf of the community's health.

There is one other matter deserving mention, especially from the standpoint of the individual dentist. I re-

fer to the Ives Amendment in the 1951 Federal Tax Bill. I believe most of us are familiar with this proposal to permit the individual self-employed taxpayer to exclude up to 10 per cent of his annual net earnings or \$7,500, whichever is less, from the amount of his income subject to Federal income tax. This amount would be paid into a special pension or retirement fund sponsored by professional or other associations for the exclusive benefit of its members. The funds thus set aside would not be taxed during the year they were earned but would be taxed at the then current rates when the individual withdrew the funds, after reaching the age of 60 years. According to the September Bulletin of the ADA, this amendment is now being considered by Congress. It has enjoyed the endorsement of the AMA since 1948. If expressions in its behalf are necessary from members of the District Society, I hope there will be no hesitancy in making them available to our proper elected representatives in Washington.

It has been an honor to serve as your president. It has also been a pleasure. I thank you for the excellent cooperation received from the officers and membership. And, as I step down, it is my earnest wish that the Fifth District Dental Society will continue to prosper and grow in its service to the profession.

THE CHARLOTTE FLUORIDATION DEMONSTRATION

Zachary M. Stadt, D.D.S., Charlotte Dental Health Officer

INTRODUCTION.—Water fluoridation as a dental public health method for the prevention of significant amounts of dental caries is today endorsed by a broad group of agencies concerned with health, including among others the U. S. Public Health Service, the American Dental Association and the American Public Health Association.

One of the important goals of the North Carolina Dental Society is to have all fluoride-deficient community water supplies in the state brought up to optimum levels. It is expected that this will result in an over-all prevention of dental caries by some 60 per cent in the group continuously exposed to such water during the first eight years of life, with lesser benefits for those ingesting fluoridated water for shorter periods of time during early life.

CHARLOTTE PROGRAM SUPPORTED.—The proposal of fluoride the Charlotte water supply was approved by the Charlotte Dental Society on February 11, 1947. Other individuals and groups endorsing the measure included: Dr. M. B. Bethel, Charlotte Health Officer; the Board of Health; the Mecklenburg County Medical Society; Charlotte Council of Parent-Teacher Associations; Dr. Ernest A. Branch, State Dental Director; the then State Health Officer - Dr. Carl V. Reynolds and later Dr. J. W. R. Norton; Dr. John W. Knutson, Dental Director - U. S. Public Health Service; the then Region 2 U.S.P.H.S. representatives Dr. W. K. Sharp, Dr. G. A. Nevitt and O. C.

Hopkins; the then Mayor Herbert H. Baxter; the Charlotte Junior Chamber of Commerce; and on June 24, 1948, the City Council of Charlotte.

PARTICIPANTS.—When actual fluoridation began on April 25, 1949 the Charlotte Demonstration became the pioneer project in the southeast. The program is organized, directed and administered by the Charlotte Health Department - Dr. M. B. Bethel, Health Officer; with the cooperation of the Charlotte Water Department - W. M. Franklin, Superintendent and R. S. Phillips (a prime collaborator) Supt. of Plants; the Charlotte Dental Society; the Division of Public Health Nursing; Laboratory, Health Education; Communicable Disease, TB, Sanitation and Engineering, Maternal and Child Welfare, and Vital Statistics of the Charlotte Health Department; Charlotte Parent-Teacher Associations; Charlotte Schools; Dr. Lynn G. Madry - N. C. State Lab. of Hygiene; Dr. Frank A. Smith, University of Rochester School of Medicine and Dentistry; Dr. S. B. Finn, Newburg, N. Y. Fluorine Study; Dr. M. P. Rudolph, Health Officer for Catawba-Lincoln-Alexander Counties; the Hickory Schools; Dr. Allan Tuggle - Charlotte Radiologist; J. F. Kingsley - Newburgh Filtration Plant; Lance Packing and many others all over the country.

COST.—The entire cost of the study is financed by the City of Charlotte with reference to all local activities. The cost per capita has been eight cents.

CHEMICALS.—The use of sodium fluoride was discontinued in February 1951 when sodium silicofluoride was introduced as the regular source of the fluoride ion because of its lower cost. The Nile blue color used in the chemical to distinguish it from other chemicals is certified by the Food and Drug Administration.

FLUORIDE LEVELS.—Dean¹ in a study of 12, 13, and 14 year old children at Brunswick (0.50 parts per million of fluoride) and Moultrie (0.70 ppm F) in Georgia, noted that there were incidences of the mildest type of dental fluorosis, 12.6 and 9.0 per cent for Brunswick and Moultrie respectively. These incidences, he stated, would normally be associated with domestic water having approximately 1.0 ppm F, under climatological conditions prevailing in the Chicago area, with its mean annual temperature of around 49° Fahrenheit compared with that of 68° Fahrenheit for the Brunswick and Moultrie areas.

At Charlotte, R. S. Phillips and the author² studied water consumption figures for bottlers of soft drinks and spring water and observed that these were quite parallel in the annual curves to the curve of the mean monthly air temperature for Charlotte. From these studies a schedule of seasonal variations was established, with a low fluoride concentra-

tion of 0.60 ppm during July and a high of 1.10 ppm during January and February. W. M. Franklin, Supt. of the Charlotte Water Department, reports no difficulty in following the schedule. Daily fluoride determination, from representative points on the distribution system for each of the seasonal variations indicates the deviation is in terms of one-hundredth of a millionth of a part of fluoride, well within the prescribed levels and the limits of the test for fluoride.

DENTAL EXAM METHOD.—While many members of the Charlotte Dental Society have participated in dental examinations of students, the present report concerns preschool five and six year old children; all examined by the author, using mouth mirrors, sharp explorers and good light. All pits and grooves, as well as smooth surfaces of the tooth in which the explorer was unquestionably engaged were considered presumptive of caries. Preschool dental examinations have not been conducted at Hickory as part of this study up to this time, hence the following pertains to Charlotte-born children only.

CARIES EXPERIENCE REDUCTIONS.—The following table shows the caries experience (DMF) for preschool white and Negro six year old Charlotte-born children.

Fluoridation Elapsed Time	Examination Period	DMF per 100 White	Children Negro	Total No. Examined White	Negro
8-0 months	April 1949	61	69	246	128
8-9 months	April 1950	66	72	229	142
20-21 months	April 1951	46	61	247	147

¹ Dean, H. T.: The Advancement of Fluoridation. Jnl. Am. W.W. Ass. 43:17 (Jan. 1951).

² Unpublished data.

DMF as used here refers to the average number of permanent teeth decayed, missing and extraction required, and filled per 100 children. In the pre-fluoridation exams in April 1949 the DMF were white-61 and Negro-69; after 8-9 months of fluoridation the DMFs were white-66 and Negro-72; and after 20-21 months, white-46 and Negro-61.

From this it can be observed that there has been a DMF reduction of 25% for the white and 12% for the Negro preschool children.

Children in the preschool six year age group average around 6 years and 3 months. The 1950 six year olds were around 5 years and 7 months when continuous fluoridation began in August 1949, and they showed a slight increase over their predecessors of 1949; but the 1951 6-year-olds, the first to show definite reductions, were 4 years and 7 months of age when continuous fluoridation began. The difference in improvement as between white and Negro will be commented on later.

INCREASE OF CARIES OF DECID. TEETH.—There was no evidence of any caries reductions of the deciduous teeth during the April 1951 preschool exams. There were increases for both white and Negro, attributable to fewer teeth being extracted, since we account for only those deciduous teeth present at the time of the examination.

According to Schour and Massler³ the formation and calcification of enamel and dentin of the deciduous teeth begin first in the central incisors at about 4½ to 5 months *in utero*. At birth the crowns of the deciduous

teeth have reached the following stages of completion: incisors - about 5/6; cuspids-around half; first deciduous molars - cusps just completed and coalesced; second deciduous molars-cusps half-formed and still isolated. The crowns of the deciduous molars are well advanced to completion between the 6th and 9th months after birth.

EXPECTED IMPROVEMENT.—

From the foregoing we should expect to observe maximum caries reductions of the deciduous teeth for children born around February 1950, who remain continuous residents of Charlotte. Hence, the first preschool group of 5 and 6-year-olds to demonstrate maximum benefits for the deciduous teeth will present for dental examinations during the preschool clinics in April of 1956. However, caries reductions for the deciduous teeth are expected to be evident in prior examinations.

REASONS FOR DMF DIFFERENCES IN WHITE AND NEGRO CHILDREN.—There may be many differences in initial DMFs and subsequent DMF reductions for white and Negro. Since the findings are almost exclusively for the first permanent molars and since these are developed post-natally, it is suggested that differences in nutrition adequacy are reflected in the inherent resistance of the tooth structure to the forces of dental caries. There may be unconscious bias on the part of the examiner. Recorders (teachers, upper grade students, or parents) may make errors. There may be errors in compilation and analysis of data. Insofar as possible, it is assumed that all but the nutritional angle can be ruled out.

ERUPTION TIME AND DMFs.—It seems equally likely that there may

³ Schour, I., and Massler, M.: The Development of the Human Dentition. Jnl. Am. Dent. Assn., 28:1153 (July 1941).

be differences in eruption time in the groups. These could be determined by examination of the records. The following represents our findings by color and sex, with average ages for the groups ranging from 6 years and 2.5 months to 6 years and 3.4 months.

Females exceed males in the number of first permanent molars erupted per 100 children, with white females having 25.5% more (211 to 168) and Negro females having 63.5% more (283 to 173) than the respective males. It is interesting to note that white females exceed Negro males (211 to 173) by 16.1%.

As a group the Negroes exceed the whites (220 to 188) by 11.1% in number of erupted first permanent molars among these preschool six-year-olds.

Further studies in the same and other age groups, on a more extensive scale, should indicate whether or not these preliminary observations can be confirmed at Charlotte.

The findings suggest that eruption time should be given consideration in

accounting for differences in DMFs between selected groups.

DENTIST POPULATION RATIO AND SERVICES.—Even with water fluoridation expected to reduce dental caries by some 60% in the future population, it remains that there will be considerable need to expand the number of dentists and dental hygienists, especially among the Negroes.

SUMMARY—1. Early and broad support for the Charlotte Fluoridation Demonstration has been noted. 2. An Omega fluoridator and sodium silico-fluoride are in use. 3. Fluoride levels are prescribed ranging from 0.60 in July to 1.10 ppm in January and February. 4. DMF reductions of white—25% and Negro—12% have been observed for Charlotte-born preschool six-year-olds after 20-21 months of fluoridation. 5. Increase in caries of the deciduous teeth is noted and based on increase in observable number of teeth. 6. It is suggested that eruption time may be a factor in comparing caries experience for selected groups.

FISHING AND THE LADIES

Paul Fitzgerald, Sr., D.D.S.

Yesterday I went fishing. Now, someone has said, "Catching fish is not all of fishing," I agree wholeheartedly. You can sit in a boat with time to think of many things, your friends and the things that make life worth while; and what everything will be like some twenty years in the future, especially for yourself.

You go up or down stream and around each bend is a new picture. Looking up or down you see the clouds and the sky, straight ahead are the trees and the shore lines. You still have time to reflect on life, its problems and the outcome. Try going fishing during Indian Summer; study the greens, the yellows and golds of autumn leaves and how nature blends the colors one into the other. This is the rainbow of the trees.

This is not to be all about fishing, it is to tell you that the Ladies Auxiliary has taken as one of their proj-

ects our Scrap Alloy Drive for the benefit of the Relief Fund.

About twelve years ago this idea of saving scrap alloy was presented to our membership, it has been well received and we have given this opportunity to help our state relief fund fine suport. By just saving something which we used to throw away has helped materially to increase the fund and we have gotten satisfaction from what we have done.

We are going to work with Mrs. Darden Eure, President of the North Carolina Dental Auxiliary, and her members and show them we appreciate their efforts to help us.

Let's all make a good showing with our scrap alloy at our next annual meeting.

And, oh yes, about that fishing trip. I didn't catch a thing but if tomorrow is a pretty day, I think I'll try it again.

AUXILIARY NEWS

The five District Meetings are behind us and we are happy to report that each was well attended and the programs were excellent, to say nothing of the fellowship.

The Auxiliary took its first step by endorsing the Student Loan Fund. The districts will make their contribution to this fund at our Pinehurst meeting. It is our earnest desire that all Doctor's Wives will plan now to

not only join us at Pinehurst, but join the Auxiliary and join in the entertainment and program we have planned.

A glimpse into the future shows there will be bridge, a fashion show, luncheon, golf tournament, and the always enjoyable "gab feast" in the lobby of the Carolina Inn. You are invited. Make your plans now to "meet us in Pinehurst in the spring."

PROGRESS REPORT--N. C. DENTAL SOCIETY FLUORIDATION COMMITTEE

John C. Brauer, D.D.S., State Chairman

The following committee report is submitted, indicating the progress as of November 10, 1951. This information does not exemplify the total progress of those committeemen reporting, since there have been many additional values accrued in communities reflecting favorably on Dentistry.

The fluoridation program has been adopted as the major project of the North Carolina Dental Society this year, in cooperation with the North Carolina State Department of Health. Our president, Dr. R. Fred Hunt, has appeared before many professional societies and lay groups during the past months, and he has done a wonderful job presenting Dentistry's story and fluoridation. The district and local committeemen, too, must be given

much credit for the favorable progress of this program.

Recently a memorandum-questionnaire was submitted to the committee as follows: 1. Name of city, 2. Has local city or county Dental Society given approval, 3. Has local city or county Medical Society given approval, 4. Has local Health Department given approval, 5. Have speeches been given before various lay groups, 6. Have radio addresses been given, 7. Has City Council approved, 8. Has equipment for placing chemical been purchased, 9. Has Chemical (fluoride) already been placed in water, 10. Approximate date when fluoride is to be placed in water. The table which follows presents the progress as of November first. The numbers in top column are the same as numbers in questionnaire.

Fluoridation Progress Report

1	2	3	4	5	6	7	8	9	10	Comments	
1. Raleigh.....	Yes	No	No	Yes	No	Not Presented	No	No	?	Program progressing satisfactorily.	(Chamblée)
2. Asheville.....	Yes	No	Yes	No	No	Not Presented	No	No	?	Program progressing satisfactorily.	(Fresnell)
3. Henderson.....	Yes	Yes	Yes	No	No	Not Presented	No	No	?	Program progressing satisfactorily.	(Hinter)
4. Tarboro.....	Yes	Soon	Yes	No	Soon	Yes	Soon	No	?	Program progressing satisfactorily.	(Fleming)
5. Hamlet.....	Yes	Yes	Yes	Yes	Yes	Not Presented	No	No		Program progressing satisfactorily.	(Williamson)
6. Charlotte.....	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4-25-49	Include Pineville & Morris Field.	(Stadt)
7. Wilmington.....	Soon	No	No	Yes	Yes	Not Presented	No	No	?	Dental Society Meets November 13.	(Thompson)
8. Roanoke Rapids.....	Yes	Yes	Yes	No	No	Not Presented	No	No	?	Program progressing satisfactorily.	(Daniel)
9. Wilson.....	Yes	Yes	Yes	Yes	No	Not Presented	No	No	?	Program progressing satisfactorily.	(Boseman)
10. Greenville.....	Yes	Yes	Yes	No	No	Not Presented	No	No	?	Program progressing satisfactorily.	(Massey)
11. Lumberton.....	No	No	Yes	No	No	Not Presented	No	No	-	To present to Dent. Society soon.	(Osborne)
12. Asheville.....	No	No	No	No	No	Not Presented	No	No	-	Water has 0.77 p.p.m. (ok).	(Pless)
13. Edenton.....	No	No	Yes	No	No	Not Presented	No	No	-	Waiting action of City Manager.	(Hart)
14. Fayetteville.....	Yes	Yes	Yes	Yes	Soon	OK by P. W. Com.	No	No			(Paschal)
15. Clinton.....	No	No	No	No	No	Not Presented	No	No	-		(Jackson)
16. Statesville.....	Yes	Yes	No	No	No	Not Presented	No	No	-	To delay for short time.	(Lazenby)
17. New Bern.....	Yes	Yes	Yes	Soon	No	Expect Soon	No	No	-	Program progressing satisfactorily.	(Johnson)
18. Thomasville.....	Yes	Yes	Yes	No	No	Before Council 11-15	No	No	-	Program progressing satisfactorily.	(Hodgin)
19. Washington.....	Yes	Yes	Yes	Yes	No	Not Presented	No	No	-	Lack budget this fiscal year.	(Edwards)
20. Belmont.....	Yes	Yes	Yes	Yes	No	Pending	No	No	-	Expect approval soon.	(Hunt)
21. Rocky Mount.....	Yes	Yes	Yes	Yes	Yes (10)	Yes	Soon	Soon	90 days	All approved.	(Hunt)
22. Burlington.....	Yes	Yes	Soon	Yes (1)	Yes	Not Presented	No	No	-	Program progressing satisfactorily.	(Gilliam)
23. Roxboro.....	Yes	Yes	Soon	Soon	Yes (1)	Not Presented	No	No	-	Program progressing satisfactorily.	(Bradsher)
24. Mooresville.....	Yes	Yes	Soon	Yes	No	Not Presented	Yes	No	-	Program progressing satisfactorily.	(Brawley)
25. Salisbury.....	Yes	Yes	Yes	Yes	No	Not Presented	Yes	No	Soon	Program progressing satisfactorily.	(Kirk)
26. Goldsboro.....	Yes	Yes	Yes	Yes	No	Not Presented	No	No	-	Program progressing satisfactorily.	(Overman)
27. Durham.....	Yes	Yes	Yes	Yes	Yes (10)	No	No	No	-	Favorable for future.	(Walker)
28. Concord.....	Yes	Yes	Yes	Yes	Yes (4)	Not Presented	No	No	-	Program progressing satisfactorily.	(Reece)
29. Lenoir.....	Yes	Yes	Soon	Yes	Yes (2)	Not Presented	No	No	-	Program progressing satisfactorily.	(Reece)
30. Warren.....	Yes	Yes	Yes	No	No	Not Presented	No	No	-	Water source immediate question.	(Jones)
31. Forest City.....	Yes	Yes	Yes	No	No	Not Presented	No	No	-	Program progressing satisfactorily.	(Howes)
32. Kinston.....	Yes	Yes	Yes	No	No	Not Presented	No	No	-	City uses no chemical in water.	(Spear)
33. Monroe.....	Yes	Yes	Yes	No	No	Not Presented	No	No	-	Program progressing satisfactorily.	(Ingram)
34. Newton.....	Soon	Soon	Yes	No	No	Not Presented	No	No	-	Program progressing satisfactorily.	(Harringer)
35. Dunn.....	Yes	Yes	Yes	Yes (6)	No	Pending	No	No	-	Program progressing satisfactorily.	(Hooper)

ANNOUNCEMENTS

The North Carolina Dental Society will hold its annual State Meeting at Pinehurst, N. C., May 11-14, 1952. Dr. B. N. Walker, Secretary-Treasurer, Liberty Life Building, Charlotte, N. C.

The South Carolina Dental Association will meet in Greenville, S. C., for its annual State Meeting in 1952.

Dr. J. R. Owings, Secretary-Treasurer, Greenville, S. C.

Victory Day Celebration for the Dental Foundation in Chapel Hill was eminently successful—it is a great tribute to Dentistry.

Have you mailed your contribution to the 1951-52 ADA Relief Fund?

NEWS ITEMS FROM THE DISTRICTS

First District

The Buncombe County Dental Clinic is now operating five one-half days each week. The majority of work being done at present is the relief of pain. Some corrective work is being accomplished. Our future plans are to work into a well-rounded program whereby a great deal of dental health teaching can be done in the county and city schools.

The Telephone Extension Program sponsored by the University of Illinois College of Dentistry will be given again in Asheville.

The Ladies Dental Auxiliary did a splendid job last year in public relations and we are looking forward to greater things from this group during the coming year. The officers are the following: President, Mrs. W. J. Turbyfill, Asheville; Vice-President, Mrs. L. C. Rollins, Canton; and Secretary-Treasurer, Mrs. C. F. Rich, of Asheville.

Dr. Walter Davis of Asheville, now stationed at Parris Island Marine-Training Depot, is the proud father of a daughter, Frances Craig, born October 10, 1951.

We are happy to welcome two new members in the First District: Dr. F. S. Cunningham of Asheville, and Dr. J. L. Woody of Newton.

Drs. Bob Hoffman, Moultrie Truluck and Walter McFall have recently moved into beautiful new homes.

Dr. Cecil Pless has recently purchased a large farm in the French Broad-Mills River area, and is going into competition with Ab Cline of Canton in the cattle industry. We are anticipating some delicious gifts of T-bone steaks in the near future from these two.

Dr. Frank Davis is co-owner of a brand new tourist court in Crystal River, Florida.

Second District

Many Charlotte dentists are dusting off their textbooks and laboratory techniques in their preparation to teach and aid in a course of instruction requested by the Charlotte Dental Assistants Society. Drs. Burke Fox, Amos Bumgardner, and Horace P. Reeves, Jr. are serving as a guidance committee from the Charlotte Dental Society.

Dr. Clarence F. Biddix of Charlotte is now serving as the Dental Officer aboard the Navy transport USS Navarro (APA-215). His address is to this ship c/o Fleet Post Office, New York, N. Y.

Dr. William S. Kirk, son of Dr. Frank Kirk of Salisbury is a Captain in the U. S. Air Force now stationed in Weisbaden, Germany. Captain Kirk was married Feb. 5, 1951 to Miss Lois Jean Smith of Bentleville, Penn.

Dr. Lackey Peeler of Charlotte is stationed with the Dental Detachment of the U. S. Marine Training Depot at Parris Island, South Carolina.

Dr. Harry A. Spillman of Winston-Salem is stationed with the U. S. Air Force at Chanute Field, Illinois.

Third District

On October 14, 1951, Miss Winifred June Brewer of Winston-Salem and Dr. William T. Burns of Chapel Hill were united in marriage at Burkehead Methodist Church in Winston-Salem.

Drs. Frank Atwater and James Hinson are building new bungalow offices.

We wish to welcome to membership in our society Dr. Thomas H. Darden who has opened an office for general practice in Chapel Hill.

Dr. and Mrs. Maurice E. Newton have moved into their beautiful new home in Greenwood, Chapel Hill.

Fourth District

Dr. and Mrs. Robert E. Finch are the proud parents of a new daughter,

Leslie Helen Finch, born September 21, 1951.

Dr. and Mrs. David Seifert are the proud parents of a new daughter, Ann Stedman, born October 9, 1951.

Dr. L. D. Herring has moved into his new home on Ridge Road, Raleigh, N. C.

Mrs. J. E. Swindell had a very serious operation at Rex Hospital recently. She has returned home and hopes to be out again soon.

We are glad to report that Bucky Branham, son of Dr. J. Walter Branham, is at home and showing much improvement.

Dr. Ed. Cromarite, father of Dr. A. S. Cromarite of Fayetteville, died last May. Dr. Ed was 74 and had been in practice since 1907.

Mr. L. A. Smith, father of Dr. Newton Smith of Fayetteville, died recently.

Dr. Robert S. Beam is now engaged in the practice of dentistry in Sanford.

Dr. Worth M. Byrd is now a part-time instructor at the U.N.C. Dental School.

Fifth District

We are happy to welcome the following young men to our district.

Dr. C. C. Hale, Kinston

Dr. D. L. Henson, Kinston

Dr. W. E. Rosberry, Grifton

Dr. D. B. Seiter, Wilmington

Dr. Robert Britt Parker from Enfield died in a Richmond hospital following a long illness.

To Members of the North Carolina Dental Society

**Your Confidence and Support Make Us
Very Happy to Serve You**

Your remarkable response to our recent increase in the Society's Group Accident and Health benefits is greatly appreciated.

Approximately 300 members applied for the new maximum benefits and for new policies during the "Open Enrollment" period, September 10th to October 20th, 1951.

Your confidence and faith in our services for the past eight years make us more determined than ever to provide you with the best disability protection you can buy, and at a large savings in cost due to such a wide participation in the Plan by Society members. We feel this confidence in us has been built on reliable claim service. We pledge a continuation of that kind of service.

We are happy that during this open period we could offer protection under the group to some who could not otherwise get it.

Those under 60 years of age and in good health may still apply.

\$75.00 per week (\$325.00 per
month) for loss of time
from practice

\$5,000.00 for accidental death
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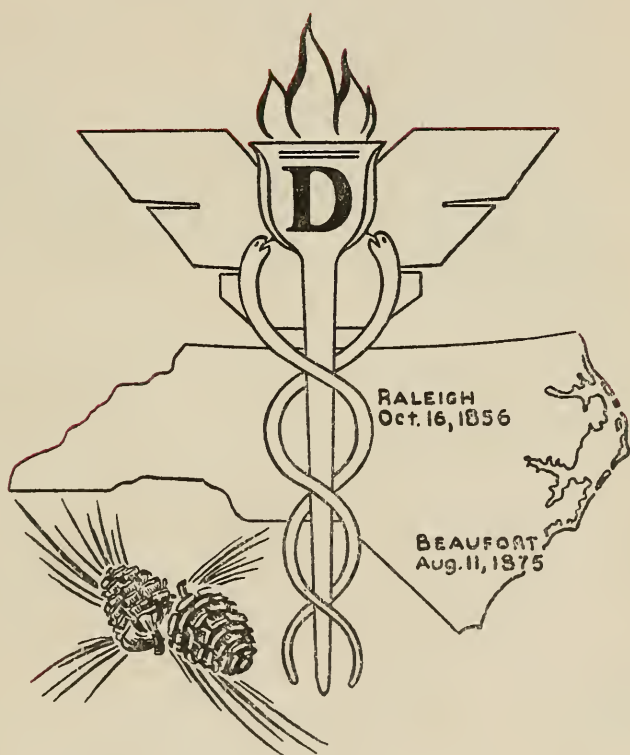
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NORTH CAROLINA DENTAL SOCIETY



Program Number



A fine garment is cloth but so too is a garment of poor quality. A fine restoration is metal or acrylic and porcelain teeth like any other restoration. More important, however, it's men, minds, hands and equipment. It's years of experience, tools and equipment not generally available and fingers that through long practice have developed the touch of genius.



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of

THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

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Marvin R. Evans, Editor
Chapel Hill

The closing dates for the Journal are, February 10, July 10, and November 10.
Published four times a year—January, April, August and September. Entered as Second Class
matter, August, 1951, Chapel Hill, N. C. Subscription \$2.00.

THE PROGRAM AT A GLANCE

Sunday, May 11, 1952

Afternoon	Evening
1:00 Registration Golf Tournament	8:00 General Session 9:00 House of Delegates

Monday, May 12, 1952

Morning	Afternoon	Evening
8:30 Registration	2:00 Dr. Leslie M. Fitzgerald	8:00 Election of Officers
9:45 General Session	3:30 Dr. Robert G. Kesel	9:00 House of Delegates
11:00 Dr. Philip A. Phair		
11:30 Dr. W. W. Demeritt		

Tuesday, May 13, 1952

Morning	Afternoon	Evening
8:00 Breakfast Conferences	2:00 Dr. Victor L. Steffel	7:00 Banquet
9:00 General Clinics	3:30 Miss Ida Mae Stilley	9:00 Dance
	5:00 Drawing of Exhibit Prizes	

Wednesday, May 14, 1952

9:30 Dr. Victor L. Steffel	11:00 House of Delegates Installation of Officers Adjournment
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General Information

Registration

The registration desk will be in the foyer of the Carolina Hotel, opening Sunday afternoon, May 11.

Members will please fill out a card and have it checked by your district secretary before presenting it for your lapel badge. This procedure will save time during the peak hour of registration on Monday morning.

All guests and exhibitors are expected to register at the registration desk.

Golf

The Golf Tournament will begin Sunday afternoon, May 11, promptly at one o'clock.

The committee, under the direction of Dr. Dan T. Carr, assures us that no effort has been spared to make this year's tournament one of the best. Every dentist who plays golf is encouraged to take part in this activity.

Golf Widows' Tournament

A Golf Widows' Tournament will be held at the Pinehurst Country Club, Monday, May 12. A cup will be given the holder of the low gross score and numerous other prizes will be awarded. Make your own game, sign up at the desk of the Country Club and tee off before 9:00 A.M. Prizes will be presented at the Ladies' Luncheon Monday. Be sure to bring your clubs because there will be lots of prizes and lots of fun.

Dance

An outstanding social event of our meeting will be the annual dance held in the main ballroom Tuesday evening at nine o'clock. The Entertainment Committee has secured the services of Woody Hayes and his orchestra. A most cordial welcome is extended to the members and guests to attend this gala event which has been arranged for your enjoyment. Dress is optional.

Veterans

There will be a meeting of the Veterans Organization. All Veterans are urged to attend the luncheon scheduled for Tuesday, 1:00 P.M. in the Crystal Room.

Breakfast Conferences

PAST PRESIDENTS: All Past Presidents attending the meeting are especially urged and invited to meet together for breakfast Tuesday morning at eight in the Stag Room. Dr. Amos Bumgardner will preside.

DISTRICT OFFICERS: Will meet Tuesday morning at eight o'clock in the Crystal Room, Dr. A. C. Current presiding. All officers will meet at this breakfast and plan the work for the coming year.

NEW MEMBERS: All members who have joined the society during the past year are especially urged to be present at breakfast in the Children's Dining Room at eight o'clock Tuesday morning. The purpose of this conference is to have an opportunity to welcome the new men into the fellowship of the society. Dr. R. Fred Hunt will preside.

Commercial Exhibits

This year's commercial exhibits promise to be bigger and better than ever. You are urged to visit and register with them.

Again this year there will be a drawing for \$300.00 worth of prizes. To win one of these valuable prizes you must register at each booth. Only Dentists are eligible, and you must be present at the time of the drawing.

PROGRAM

Carolina Hotel, Pinehurst, N. C.

Sunday, May 11, 1952

- 1:00 P.M. Registration
Golf Tournament
- 6:00 P.M. Dinner
- 8:00 P.M. General Session, Main Ballroom
Invocation: The Reverend Mr. Roscoe Prince, Pinehurst
Community Church, Pinehurst
Address of Welcome: Mr. Richard S. Tufts, President,
Pinehurst Incorporated, Pinehurst
Response to Welcome: Dr. Edgar D. Baker, Raleigh
Necrology Program: Dr. F. E. Gilliam, Burlington
Announcements
- 9:00 P.M. Meeting of House of Delegates

Monday, May 12, 1952

- 8:30 A.M. Registration
- 9:45 A.M. President's Address: Dr. R. Fred Hunt, Rocky Mount
Announcements
Recognition of Guests
N. C. State Medical Society Representative: Dean W. R.
Berryhill, UNC School of Medicine, Chapel Hill
President of the American Dental Association: Dr. LeRoy
M. Ennis, Philadelphia, Pa.
Greetings Fifth District A.D.A. Trustee: Dr. J. E.
John, Sr., Roanoke, Va.
- 11:00 A.M. "Securing Community Acceptance of Fluoridation"
Dr. W. Philip Phair, Chicago, Ill.
Synopsis: This lecture will review and answer the objections which have been made, and will outline some suggested methods for obtaining community approval of fluoridation. Dr. Phair will also briefly review its history and report on some of the latest findings in controlled studies of the fluoridation procedure.
- 11:30 A.M. "Prosthetic Dentistry for Children"
Dr. W. W. Demeritt, Chapel Hill
Synopsis:
Why fixed and removable appliances are necessary for children.
Where fixed and removable appliances are necessary for children.
When fixed and removable appliances are necessary for children.
How fixed and removable appliances are constructed for children.

- 12:30 P.M. Visit Exhibits
- 1:00 P.M. Luncheon
- 2:00 P.M. "Oral Surgery"
 Dr. Leslie M. Fitzgerald, Dubuque, Iowa
Synopsis: Discussion will include preoperative study, diagnosis, treatment planning, the handling of possible accidents or complications that may occur in office practice of oral surgery; methods of prevention and treatment, basic surgical principles, and post-operative care. Time for discussion of problems encountered in every day practice will be available.
- 3:30 P.M. "Dental Decay"
 Dr. Robert G. Kesel, Chicago, Ill.
Synopsis: The etiology of dental caries will be reviewed briefly to establish a rationale for prevention. A number of procedures for caries control will be discussed and evaluated, including dietary, oral hygiene, anti-bacterial, anti-enzymatic, and tooth resistance.
- 6:00 P.M. Dinner
- 8:00 P.M. Election of Officers
- 9:00 P.M. Meeting of House of Delegates

Tuesday, May 13, 1952

- 8:00 A.M. Breakfast Conferences
 Past Presidents
 New Members
 District Officers
- 9:00-12:00 Noon General Clinics

OPERATIVE

- "The Amalgam Restoration"
 M. W. Aldridge, D.D.S. Greenville
 O. R. Pearce, D.D.S. Dunn
- "Hydro-Colloid Inlay Technic"
 Frank G. Atwater, D.D.S. Greensboro
- "Individual Hydro-Colloid Impressions for Accurate Reproduction of Inlay Cavity Preparations"
 John T. Bell, D.D.S. Durham
- "A Hydro-Colloid Technic for Inlays"
 C. Z. Candler, D.D.S. Asheville
- "Restoration of Hopeless Vital Deciduous Teeth"
 James E. Graham, D.D.S. Charlotte

"A Simplified Method for Construction of an Acrylic Post Crown for Devitalized Teeth"	
James A. Harrell, D.D.S.	Elkin
"Temporary Acrylic Crowns and Bridges"	
Z. Vance Kendrick, D.D.S.	Charlotte
"Full Veneer Cast Crown"	
Monte G. Miska, D.D.S.	Chapel Hill
"Definite Procedure in Correctly Raising the Bite of the Natural Teeth"	
John A. McClung, D.D.S.	Winston-Salem
"Methods of Mixing and Insertion of Plastic Filling Materials"	
R. R. Shoaf, D.D.S.	Lexington

PERIODONTIA

"Procedures in Periodontia"	
L. Franklin Bumgardner, D.D.S.	Charlotte
"Periodontia"	
James B. Howell, D.D.S.	Greensboro
"Periodontia Before and After Treatment"	
Dan B. Mizell, D.D.S.	Charlotte
"Before and After Periodontia"	
Moultrie H. Trueluck, D.D.S.	Asheville

PROSTHETICS

"Closed Mouth Full Denture Technique"	
Walter H. Finch, Jr., D.D.S.	Henderson
"Styrene Injection Technic"	
Walter A. Hall, Jr., B.S., D.D.S., M.S.	Chapel Hill
Maxwell B. Davies, Dental Technician	Chapel Hill
"Phonetic Contours in Complete Denture Construction"	
Mons W. Hellyer, Jr., D.D.S.	Chapel Hill

ENDODONTIA

"Ionization Technique in Root Canal Therapy"	
Joe S. Evans, D.D.S.	Henderson
"Sterilization of Root Canals Using the Homogenized Antibiotics"	
John R. Pharr, D.D.S.	Charlotte

ROENTGENOLOGY

"X-ray Interpretations"	
J. R. Crawford, D.D.S.	Winston-Salem

"A Positive X-ray Technique." Demonstration on Patient with Ortholator and Rinn X-ray Holder.	
Henry C. Harrelson, D.D.S.	Charlotte
"The Long Cone Technique"	
Baxter B. Sapp, Jr., D.D.S.	Raleigh
Robert S. Beam, D.D.S.	Sanford

ORTHODONTIA

"Oral Conditions Which Should have Orthodontic Attention at a Relatively Early Age"	
P. C. Hull, Jr., D.D.S.	Charlotte
"Orthodontics with Surgical Treatment for Class III Malocclusion" (A Color Film)	
A. A. Phillips, D.D.S.	Raleigh
"Adult Orthodontia"	
William J. Turbyfill, D.D.S.	Asheville
"Removal of Fractured Root Tips"	
Vaiden B. Kendrick, D.D.S.	Charlotte
"Prognathia"	
Grady L. Ross, D.D.S.	Charlotte

MISCELLANEOUS

"Relief of Pain in the Tempromandibular Joint"	
L. Dale Arthur, D.D.S.	Charlotte
"Abnormal Root Formations"	
Ervin M. Funderburk, D.D.S.	Charlotte
"Welding for the General Practitioner"	
Lawrence H. Paschal, D.D.S.	Fayetteville
"Daily Aids"	
J. G. Rehm, D.D.S.	Charlotte
"Premedication of Dental Patients"	
Paul Stroup, D.D.S.	Charlotte
"University of North Carolina School of Dentistry Table Clinic"	
U.N.C. Dentistry Students	Chapel Hill

DENTAL HYGIENISTS

"Tooth Brushing Care"	
Miss Nancy Kain	Greensboro
Miss Eleanor Hiener	Greensboro
"Educating the Patient in Preventive Dentistry"	
Miss Emma Mills	Winston-Salem
Miss Lucy Williams	Gastonia

"The Public Health Dental Hygienist"

Miss Mary Louise Tuttle Winston-Salem

"Materials for Teaching Dental Health Education"

Miss Margaret Jones Kannapolis

12:00 Noon Visit Exhibits

12:30 P.M. Luncheon

2:00 P.M. "Avoiding Pitfalls in Partial Denture Service"

Dr. Victor L. Steffel Columbus, Ohio

Synopsis: The Essayist will make an all-out effort to clarify and emphasize neglected factors, to place the blame for mouth-wrecking partials where it belongs, to especially stress fundamental principle, and to convincingly show that partials should be constructed as simply as possible. Presentation will be illustrated throughout with Kodachrome slides.

3:30 P.M. "The Happy Way to Dental Health"

Miss Ida Mae Stilley Pittsburg, Pa.

Synopsis: "Happy," with the aid of Miss Stilley who originated the good health puppy, will demonstrate methods used in teaching good health habits.

5:00 P.M. Drawing of Exhibit Prizes

7:00 P.M. Banquet

9:00 P.M. Dance

Wednesday, May 14, 1952

8:00 A.M. Breakfast

9:30 A.M. "Partials Which Fully Satisfy"

Dr. Victor L. Steffel Columbus, Ohio

Synopsis: Here will be stressed those points which make removable partials satisfactory, functional appliances, and only such procedures as are completed by the dentist himself, exclusive of the laboratory technician. Fundamental principles involving impressions, surveying, designing, fitting, balancing, etc., will therefore be covered and given practical application. Presentation will be fully illustrated and clarified by slides.

11:00 A.M. Meeting of House of Delegates

General Session

Installation of Officers

Adjournment



DR. LEROY M. ENNIS

A welcome friend in North Carolina—Dr. LeRoy M. Ennis, President of the American Dental Association; a jovial man with a dynamic personality who has a proven ability in leadership and has a mind especially qualified for the efficient discharge of his many and varied duties as president of our national organization. Appears on the program Monday.



J. E. JOHN, SR., D.D.S.

Roanoke, Virginia. Trustee from the Fifth District of the American Dental Association. Appears on the program Monday.

DR. JOHN

W. W. DEMERITT, D.D.S.

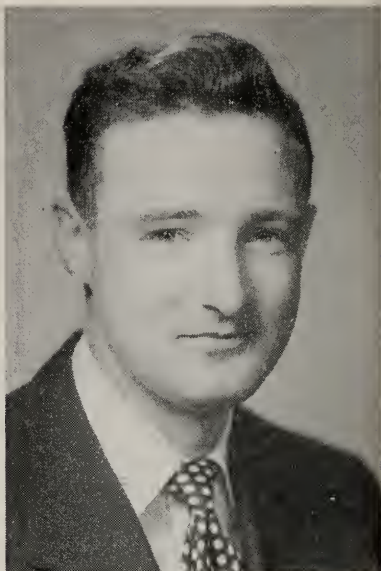
University of North Carolina Professor of Pedodontics. Graduate of A.S.D.C. Internship at Forsyth, and practiced in Key West and Los Angeles. He has lectured before many state and national societies. Will appear on the program Monday.



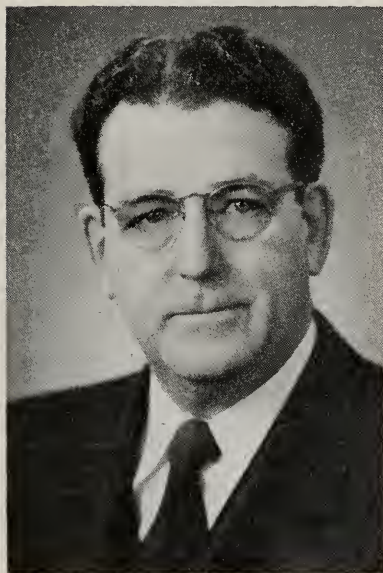
DR. DEMERITT

W. PHILIP PHAIR, D.D.S., M.S.

Assistant Secretary of the American Dental Association's Council on Dental Health. Before joining the Association's staff two years ago, was Director of the Dental Health Section of the State of Washington Department of Health. A graduate of the University of Iowa Dental School, and earned his master's degree in public health at the University of Michigan.



DR. PHAIR



DR. FITZGERALD

LESLIE M. FITZGERALD, D.D.S.

Graduate of University of Iowa. Co-Founder, Diplomate and Secretary of the American Board of Oral Surgery. Member of American College of Dentists, Federation Dentaire Internationale, and American Society of Oral Surgeons. Member, Editorial Board, Journal of Oral Surgery of the A.D.A. Essayist at national and state meetings. A contributor to Dental and Medical literature.



DR. KESEL

ROBERT G. KESEL, D.D.S., M.S.

Professor and Head of Department of Applied Materia Medica and Therapeutics, University of Illinois. Member of American Academy of Periodontology, American Assn. for the Advancement of Science, Federation Dentaire Internationale, American College of Dentists. In addition has served as Business Manager of the Journal of the Illinois State Dental Society and as Editor of the Fortnightly Review, Publication of the Chicago Dental Society.

VICTOR L. STEFFEL, D.D.S.

Graduate of Ohio State University, College of Dentistry, Member of Prosthetic faculty since graduation. Now Professor of Prosthetics and Chairman of Partial Denture Department. Engaged also in private practice. Fellow of: Academy of Denture Prosthetics, American College of Dentists and Academy International of Dentistry. As Lecturer-Clinician has appeared before many state and national meetings.



DR. STEFFEL

MISS IDA MAE STILLEY

Miss Stilley is a graduate of Eastman School of Dental Hygiene. Attended Buffalo State Teachers College and the University of Pittsburgh. Has served as Dental Hygienist at Brentwood Public Schools and for past nine years as Supervisor of Dental Hygiene in the Pittsburgh Public Schools. She originated "Happy" the good health puppy to teach boys and girls the value of regular dental care. They appear regularly on Station WDTV Pittsburgh, and in addition have made more than a thousand talks and appearances before civic clubs and service organizations throughout the U. S.



MISS STILLEY AND "HAPPY"

PLEASE, will every NEW MEMBER of The North Carolina Dental Society who has come into our five District Societies since May of 1951 attend the NEW MEMBERS BREAKFAST in the Children's Dining Room, Tuesday at 8:00 A.M.

HOUSE OF DELEGATES

R. Fred Hunt	President
A. C. Current	President-Elect
Guy Willis	Vice-President
Bernard N. Walker	Secretary-Treasurer

Executive Committee

Paul Fitzgerald, Sr.
S. P. Gay
J. H. Guion

Ethics Committee

J. A. McClung
Burke Fox
Paul Fitzgerald, Jr.
A. W. Bottoms
Clyde E. Minges

State Board of Dental Examiners

C. W. Sanders
W. M. Matheson

First District

William McDaniel
Hubert E. Plaster
Pearce Roberts, Jr.
S. E. Moser
W. D. Yelton

Third District

P. B. Whittington, Jr.
Claude A. Adams
George F. Kirkland, Jr.
Frank Gilliam
W. K. Griffin

Second District

Wade Sowers
T. L. Blair
C. D. Wheeler
David L. Beavers
Horace P. Reeves

Fourth District

E. D. Baker
L. M. Massey
S. B. Towler
K. L. Johnson

Fifth District

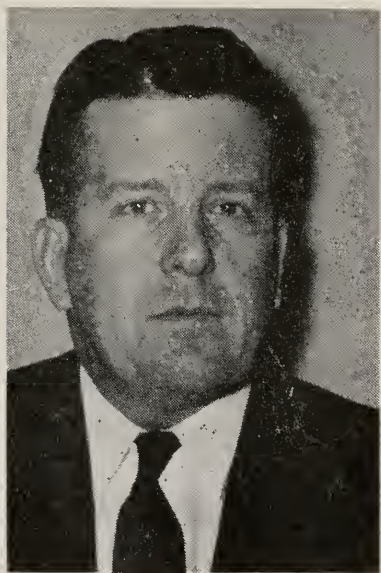
Dan Wright
Coyte R. Minges
Z. L. Edwards
Paul Jones
B. McK. Johnson



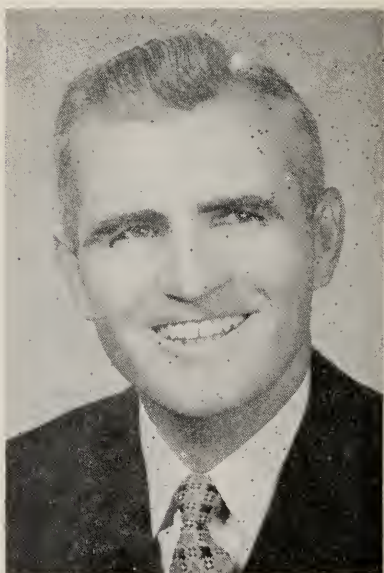
DR. R. FRED HUNT,
President



DR. A. C. CURRENT,
President-Elect



DR. B. N. WALKER
Secretary-Treasurer



DR. GUY WILLIS
Vice-President

North Carolina Dental Society

OFFICERS AND STANDING COMMITTEES

R. Fred Hunt, President	Rocky Mount
A. C. Current, President-Elect	Gastonia
Guy Willis, Vice-President	Durham
Bernard N. Walker, Secretary-Treasurer	Charlotte

EXECUTIVE COMMITTEE

Paul Fitzgerald, Sr., Chairman (1954)

S. P. Gay (1952)

J. H. Guion (1953)

ETHICS COMMITTEE

J. A. McClung, Chairman (1955)

Burke Fox (1952)

A. W. Bottoms (1954)

Paul Fitzgerald, Jr. (1953)

Clyde E. Minges (1956)

LEGISLATIVE COMMITTEE

Z. L. Edwards (1952)

P. B. Whittington (1954)

Donald Kiser (1953)

Royster Chamblee (1955)

Paul E. Jones (1956)

PROGRAM COMMITTEE

Darden J. Eure, Chairman

H. V. Murray

J. Homer Guion

Cecil Pless

W. L. McRae

J. M. Zealy

CLINIC COMMITTEE

J. Donald Kiser, Chairman

H. E. Nixon

W. B. Sherrod

W. W. Rankin

G. Shuford Abernathy

H. W. Moore

MEMBERSHIP COMMITTEE

A. C. Current, Chairman

Pearce Roberts

George F. Kirkland

T. L. Blair

L. M. Massey

Coyte R. Minges

EXHIBIT COMMITTEE

S. B. Towler, Chairman

C. I. Miller

S. E. Moser

C. A. Thomas

G. A. Lazenby, Jr.

J. W. Whitehead

NECROLOGY COMMITTEE

F. E. Gilliam, Chairman (1956)

J. T. Lasley (1952)

F. W. McCracken (1954)

Victor E. Bell (1953)

W. L. McRae (1955)

LIBRARY AND HISTORY COMMITTEE

J. Martin Fleming, Chairman (1952)

R. L. Underwood (1953)

J. Z. Moreland (1955)

J. L. Ashby (1954)

B. McK. Johnson (1956)

INSURANCE COMMITTEE

C. H. Teague, Chairman (1956)

Paul Fitzgerald, Sr. (1952)

Herman Houck (1954)

Claude A. Adams (1953)

P. P. Yates (1955)

PUBLICITY COMMITTEE

Neal Sheffield, Chairman (1954)

K. L. Johnson (1952)

Walter Clark (1955)

Darden J. Eure (1953)

Howard Allen (1956)

THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

F. O. Alford, Secretary (1952)

Wilbert Jackson (1952)

E. M. Medlin (1953)

C. W. Sanders (1954)

A. T. Jennette (1953)

W. M. Matheson (1954)

CONSTITUTION AND BY-LAWS COMMITTEE

Z. L. Edwards, Chairman (1956)

D. L. Pridgen (1952)

Dan T. Carr (1954)

W. H. Breeland (1953)

Frank O. Alford (1955)

PROSTHETIC DENTAL SERVICE COMMITTEE

C. C. Poindexter, Chairman (1952)

Walter McRae (1953)

Coyte R. Minges (1955)

J. T. Lasley (1954)

Frank O. Alford (1956)

COUNCIL ON DENTAL HEALTH

E. A. Branch, Chairman (1952)

J. Donald Kiser (1953)

E. W. Connell (1955)

C. S. Caldwell (1954)

R. L. Whitehurst (1956)

STATE INSTITUTIONS COMMITTEE

G. L. Overman, Chairman (1952)

Ralph Falls (1953)

O. L. Presnell (1955)

Z. Vance Kendrick (1954)

W. M. Matheson (1956)

RELIEF COMMITTEE

Paul Fitzgerald, Sr., Chairman (1952)

E. M. Medlin (1953)

Wilbert Jackson (1955)

J. Conrad Watkins (1954)

S. H. Steelman (1956)

SPECIAL COMMITTEES

**Advisory Committee North Carolina Medical Care Commission and
Good Health Association**

G. Fred Hale, Chairman

L. G. Page

R. M. Patterson

A. W. Bottoms

J. J. Tew

L. G. Meredith

R. E. Williams

T. L. Blair

W. A. Ingram

RESOLUTIONS COMMITTEE

R. R. Howes, Chairman

H. E. Butler

H. C. Carr

O. R. Hodgins

Everett Smith

S. C. Duncan

Luther H. Butler

A. A. Lackey

J. N. Caudle

DENTAL COLLEGE COMMITTEE TO THE UNIVERSITY OF NORTH CAROLINA

First District

A. C. Current (1952)

Ralph D. Coffey (1953)

Walter Clark (1954)

Second District

John Pharr (1952)

C. M. Parks (1953)

F. O. Alford (1954)

Third District

L. G. Coble (1952)

C. C. Poindexter (1953)

Claude A. Adams (1954)

Fourth District

C. W. Sanders (1952)

Wilbert Jackson (1954)

Fifth District

Paul E. Jones (1952)

Z. L. Edwards (1953)

Clyde E. Minges (1954)

CLINIC BOARD OF CENSORS

W. H. Breeland, Chairman

Ralph F. Jarrett

J. T. Lasley

W. S. Griffin

Olin W. Owen

R. M. Olive, Jr.

A. L. Hamilton

A. P. Whitehead

Harold E. Plaster

PUBLICATION COMMITTEE

L. Franklin Bumgardner, Chairman

M. R. Evans, Assistant Chairman

Frank Harris

J. B. Newman

J. F. Hartness

Gates McKaughan

Ralph Coffey

A. C. Chamberlain

ENTERTAINMENT OF OUT-OF-STATE VISITORS COMMITTEE

Coyte R. Minges, Chairman

J. C. Watkins	T. E. Sikes, Sr.
E. M. Medlin	R. M. Olive, Sr.
Clyde E. Minges	Walter T. McFall
Harry L. Keel	Ralph Coffey
Grady Ross	Paul Fitzgerald, Jr.

SUPERINTENDENT OF CLINICS COMMITTEE

A. C. Early, Chairman

Dewey Boseman	O. B. Kirby
W. J. Massey, Jr.	H. M. Patterson
C. S. McCall	C. D. Eatman

LIAISON COMMITTEE TO THE OLD NORTH STATE DENTAL SOCIETY

Wade Sowers, Chairman

Roy C. Daniel	S. W. Shaffner
Paul Harrell	Vernon Cox
Henry S. Zayton	Harold S. McGuire
L. P. Baker	A. W. Craver

HOSPITAL DENTAL SERVICE COMMITTEE

K. L. Johnson, Chairman

T. E. Sikes, Sr.	Vaiden Kendrick
N. P. Maddux	Clarence Olive
J. Y. Hinson	James E. Moser
D. B. Mizzell	T. E. Sikes, Jr.

ADVISORY COMMITTEE FOR VETERANS ADMINISTRATION PROGRAM

John R. Pharr, Chairman

J. G. Poole	A. P. Cline	C. W. McCall
R. E. Spoon	G. E. Kirkman	H. W. Gooding
I. R. Self, Jr.	W. A. Pressley	A. R. Kistler

MEDICAL DENTAL RELATIONSHIP COMMITTEE

G. L. Hooper, Chairman

R. L. Tomlinson	S. V. Allen
Howard S. Rhyne	T. E. Sikes, Jr.
C. P. Godwin	T. G. Collins
Joe S. Hair	E. N. Biggerstaff

ADVISORY COMMITTEE TO THE N. C. DENTAL HYGIENIST ASSOCIATION

T. M. Hunter, Chairman

C. M. Whisnant	W. I. Hart
J. D. Broughton	L. H. Butler
F. H. Stone	E. A. Pearson
W. T. Ralph	M. H. Trueluck

DENTAL CARIES COMMITTEE

Burke Fox, Chairman

C. E. Abernathy	Z. M. Stadt
R. A. Wilkins	J. F. Duke
W. H. Gray	E. R. Teague
R. A. Daniel	Pearce Roberts

ARRANGEMENTS COMMITTEE

George F. Kirkland, Jr., Chairman

A. L. Wooten	Alice Patsy McGuire
C. B. Johnson	J. M. Kilpatrick
R. H. Holden	P. C. Hull, Jr.
M. R. Smith	

ENTERTAINMENT COMMITTEE

H. Royster Chamblee, Chairman

J. L. Ashby	I. R. Self, Sr.
R. Weathersbee, Jr.	E. N. Lawrence
Frank Atwater	W. H. Young
T. G. Nisbet	J. D. Bradsher

GOLF COMMITTEE

D. T. Carr, Chairman

M. B. Massey	Hugh M. Hunsucker
Worth Byrd	J. R. Fritz
E. L. Eatman	C. A. Graham

HOUSING COMMITTEE

Howard Branch, Chairman

A. R. Mallard	R. D. Tuttle
M. R. Smith	W. J. Turbyfill
A. B. Bland	T. W. Atwood
J. A. Marshburn	J. E. Swindell

PUBLIC RELATIONS COMMITTEE

J. Walton Branham, Chairman

S. E. Moser, First District	S. P. Gay, Third District
Grady Ross, Second District	C. W. Sanders, Fourth District
H. Spear, Fifth District	

EXTENSION COURSE COMMITTEE

Walter T. McFall, Chairman

B. R. Morrison
L. G. Coble
A. A. Phillips
F. H. Coleman

L. R. Thompson
A. T. Jennette
L. R. Turner
A. D. Abernathy, Sr.

ADVISORY COMMITTEE TO THE AMERICAN ACADEMY OF PEDIATRICS

H. K. Thompson, Chairman

John C. Brauer
W. C. Current
C. D. Kistler
W. P. Weeks

O. C. Barker
C. B. Johnson
Dan Wright
L. W. Woody

COMMITTEE ON GENERAL ANESTHESIA

Carey Wells, Sr., Chairman

O. B. Kirby
W. F. Mustian
Ralph Schmucker

James H. Smith
H. C. Dixon
R. L. Horton

MILITARY AFFAIRS COMMITTEE

P. B. Whittington, Chairman

C. W. Sanders
W. L. McRae

Ralph Falls
Frank W. Kirk

H. A. Baughan

ADVISORY COMMITTEE TO THE SELECTIVE SERVICE

S. L. Bobbitt, Chairman

First District

Walter Clark
A. B. Abernathy, Jr.

Third District

E. M. Medlin
Norman Ross

Second District

George Alexander
Elliot Motley

Fourth District

Victor E. Bell
Worth M. Byrd

Fifth District

Z. L. Edwards
M. M. Lilley

North Carolina Dental Auxiliary

Second Annual Meeting

Carolina Hotel, Pinehurst, N. C.

May 11-14, 1952

P R O G R A M

Sunday, May 11, 1952

- 1:00 P.M. Registration
8:00 P.M. Guests of the North Carolina Dental Society at the General Session

Monday, May 12, 1952

- 8:30 A.M. Registration
9:00 A.M. "Golf Widows' Tournament" Pinehurst Country Club
10:30 A.M. Bridge, Canasta Card Room
1:00 P.M. Luncheon:
 Special Recognition of New Members
 Awarding of all prizes, Bridge, Canasta, Golf, Door
3:00 P.M. Executive Board Meeting Pine Room
6:00 P.M. Dinner

Tuesday, May 13, 1952

- 10:00 A.M. General Meeting
 Invocation Dr. Amos Bumgardner, Charlotte
 Business:
 Secretary's Report
 Treasurer's Report
 Student Loan Fund Mrs. Ernest Branch, Chairman
 Acceptance of Project District Presidents
 President's Report Mrs. Darden Eure
 Election of Officers
 Special Guests:
 Dr. R. Fred Hunt, President, North Carolina Dental Society
 Dr. A. C. Current, President-Elect, North Carolina Dental Society
 Guest Speakers:
 "Our Profession" Dr. J. C. Brauer, Chapel Hill
 "Happy Days" Miss Ida Mae Stilley, Pittsburg, Pa.
1:00 P.M. Lunch
7:00 P.M. Banquet

Wednesday, May 14, 1952

- 10:00 A.M. General Meeting
 Invocation Mrs. Sandy C. Marks, Missionary to Africa
 Installation of Officers
 Adjournment

The North Carolina Dental Hygienists' Association

Carolina Hotel, Pinehurst, N. C.

May 11, 12, 13, 1952

OFFICERS

Mrs. Nancy Horton, President	Henderson
Mrs. L. J. Leskosky, Vice-President	Charlotte
Mrs. Winifred Burns, Secretary	Chapel Hill
Mrs. Maxine Bowman, Treasurer	Greensboro

EXECUTIVE COUNCIL

Mrs. Earl Blakely	Mrs. Nancy Horton
Miss Lucy Williams	

PROGRAM

Sunday, May 11, 1952

1:00 P.M.	Registration
8:00 P.M.	General Session, N. C. Dental Society

Monday, May 12, 1952

8:30 A.M.	Registration	
9:00 A.M.	Opening Session. Dutch Room	
	Call to Order	
	Minutes	
	Treasurer's Report	
	Business	
	President's Address	Mrs. Nancy Horton
11:00 A.M.	Greetings	Dr. A. C. Current
11:30 A.M.	"Sodium Fluoride"	
	Dr. Zachary Stadt	Charlotte
12:15 P.M.	Welcome	Dr. R. Fred Hunt
12:45 P.M.	Luncheon. Manor Hotel	
2:30 P.M.	"Applied Psychology as Related to the Child Patient"	
	Dr. William Demeritt	Chapel Hill
3:15 P.M.	"Duties of a Hygienist in Orthodontia"	
	Dr. A. S. Bumgardner	Charlotte
4:00 P.M.	Election and Installation of Officers	
4:30 P.M.	Executive Council Meeting	

Tuesday, May 13, 1952

9:00-12:00 Noon	General Clinics	
1:00 P.M.	Luncheon	
2:00 P.M.	"Avoiding Pitfalls in Partial Denture Service"	
	Dr. Victor L. Steffel	Columbus, Ohio
3:30 P.M.	"The Happy Way to Dental Health"	
	Miss Ida Mae Stilley	Pittsburg, Pa.
7:00 P.M.	Banquet	
9:00 P.M.	Dance	





DR. ODIE LEON WILSON

The dental profession of North Carolina proudly dedicates this Journal to a man who has given of his time, efforts, and talents; both in his professional and his religious life. A good man, and a credit to dentistry.

PRESIDENT'S MESSAGE

R. Fred Hunt, D.D.S., President, Rocky Mount

For the past five years it has been my privilege to serve as an officer of this society. Since this will be my last official message to the membership through the pages of the Journal, I should like to avail myself of this opportunity to express my deep appreciation to each of you for the great honor of allowing me to serve as your secretary and later as president. No greater honor can be bestowed upon a member of the North Carolina Dental Society than to be chosen to fill the high office of president.

We in North Carolina enjoy the distinction of having one of the finest state dental organizations in the American Dental Association. It has been my primary desire, and my efforts have been directed toward the continual growth and progress of our society. In my feeble efforts it has been a source of much satisfaction to have enjoyed the fine co-operation and assistance which I have received from each of you. Your friendship, strength, and inspiration have been of untold help to me and I am most appreciative and grateful.

All of us were deeply saddened by the passing of our beloved friend and co-worker, Dr. Henry Lineberger. I say co-worker because Dr. Lineberger had been very actively associated with every worthwhile project in the North Carolina Dental Society during the past thirty-odd years. His wisdom and counsel will be sorely missed, not only in the North Carolina Dental Society but in A.D.A. circles as well.

I was happy to see so many new members inducted into our society at

the district meetings. Please let me URGE you to attend YOUR state meeting in May. The annual new members breakfast will be held at the Carolina Hotel, Tuesday, May 13, at 8:00 A.M. You are most cordially invited to attend this meeting. A treat is in store for you.

The Fluoridation Committee under the able leadership of Dr. John Brauer is continuing to make excellent progress. At this writing approximately thirteen cities in North Carolina are either fluoridating their water supply or have officially approved fluoridation. Many others are making very favorable progress with their programs.

I am happy to see the dentists of North Carolina taking the lead in these projects. This is as it should be, for fluoridation is primarily a dental program. Fluoridation not only affords an opportunity to render a real and lasting dental health service to the children of our state, but is also serving as a most excellent Public Relations Program. It has been stated by a responsible person in dental circles that more favorable publicity has been given to dentistry in North Carolina during the past few months than during any previous period in the history of our organization. We have been able to secure front page publicity in such papers as the *Durham Herald* and the *Raleigh Times*. This publicity could not have been purchased at any price.

The program affords a real and genuine opportunity to show the public that the dentists of North Carolina

place the welfare of their patients above all else. This, I consider, to be an excellent point in fighting Socialized Dentistry.

We are indebted to the School of Public Health and the School of Dentistry for making possible the fine "Forums on Fluoridation Facts" which were held recently in Wilmington, Winston-Salem, Asheville, and Raleigh. The appearance of Dr. Bull and Dr. Black in our state will result in much benefit to our program.

We are most happy to have the Auxiliary meet with us again this year. They have adopted several worthwhile projects, and their motivating influence is already beginning to be felt in dental circles in North Carolina.

The North Carolina Dental Hygienist Association will hold its annual session in conjunction with the North Carolina Dental Society. A fine program has been arranged for this group.

I should like to extend a most cordial invitation to the members of the Auxiliary and to the Hygienists to attend the sessions of the North Carolina Dental Society. Every effort is being made to arrange for the membership and guests one of the finest state meetings possible. The Program Committee has secured the best available clinicians and essayists, the Clinic Committee has arranged for over thirty table clinics and the Entertainment Committee is planning a program which, I am sure, will appeal to both the ladies and the members. All of us have something fine to look forward to.

It is my hope that each of you will enjoy, as well as benefit in a scientific way, our approaching state meeting.

My deepest appreciation for your loyal co-operation and fine spirit. I shall be looking forward to seeing you at Pinehurst.

DELEGATES

Your attention, especially to first meeting, Sunday, May 11 at 9:00 P.M. Please be there.

ACROSS THE SECRETARY'S DESK

Bernard N. Walker, D.D.S., Sec'y-Treas., Charlotte

All plans for the Annual Meeting at Pinehurst, May 11 through May 14, have been completed, and you can be assured that the Chairmen and their committeemen have done a great job. Don't fail to attend. If you have hotel reservations and find out later that you will not need them, please notify the hotel in order that some one else may use them.

During the year many questions come into the secretary's office and also some items of interest that should be passed along to the members of the society. During this year the problem of Social Security and provisions of income tax laws have been most prevalent.

Federal and State Income taxes have gradually increased until it is a problem for all, not excluding the dental profession. Deductions as to business expenses have been one of the items which the profession has been generally hesitant in claiming. It has now reached the place that the professional men will have to claim their just deductions just as other businessmen can claim business deductions. It is true that our professional standings do not permit advertising, but there should be an allowance for business promotion. All expenses necessary to the conduct of a practice are deductible, but they must be both "necessary and reasonable."

The only items a dentist may be doubtful about are entertainment expenses. Certain entertainment expenses are deductible by the dentist as they are by any other business man. Entertainment must meet the test of

who was entertained, when, and the cost, together with a further test that the entertainment was customary and necessary. There has been considerable argument on this point. It is not necessary to prove that the entertainment brought direct results in the amount of practice obtained any more than it is necessary for a business man to prove that advertising produced a direct dollar result.

In the January, 1952, edition of the *A.D.A. Journal* there is a very good article by J. P. Revanaugh and A. T. Frank of Chicago, Ill., business consultants to the dental and medical professions which should be read by all members of our profession.

The A.D.A. is still on record as opposing the inclusion of dentists as a group under the Old Age and Survivors Insurance provisions of the Social Security Act.

The 1950 Social Security Act made some provisions for the professional men who served in World War II. Very few people are aware of these provisions and it is entirely possible that the families would not receive some benefits that would be coming to them because, most assuredly, no one is going to seek your family to pay them any money, especially if they don't know that your family is entitled to it.

Below is an example of how it works.

"Here is a professional man, age 35. Never in covered employment, but in the Armed Forces, World War II, for two full years.

"His time in our Armed Forces, World War II, is transferred to take

effect January 1, 1951, and this man is covered for twice the period of his war service. For example, if he should die any time within four years from January 1, 1951, his family would be covered under Social Security, but the computation of benefits would be under the old law, since the credits were not earned after December 31, 1951.

"Assume he left a wife and two children under 18. In addition to a lump sum payment, a monthly income can be paid until the oldest child reaches 18, and an adjustment income will then be continued until the youngest child reaches 18, at which time the monthly

income to widow and child will stop. The widow would not receive an income until she reached age 65, when she could be eligible to receive three-quarters of the primary benefit for life, provided she has not remarried."

The amount of the income would vary in keeping with each professional man's circumstances. Suffice it to say that each professional man should be aware of this and your wives should be aware of it.

I sincerely hope that no one has to collect, but in case there should be a reason, it may be of some help.

See you in Pinehurst.

OUR DENTAL FRONTIER

A. C. Current, D.D.S., President-Elect, Gastonia

To say that the ears and eyes of dentistry nation-wide are keenly focused on our School of Dentistry is no exaggeration; and to say that the policies we currently adopt may determine largely dentistry's position among the various professions of the healing art and, consequently, dentistry's ability to meet the health-service needs of our people is not a vision requiring the keenest insight.

Moreover, dental education in North Carolina had a birth unique in the annals of educational ventures. The idea originated in the minds of forward-looking dentists. It was the North Carolina Dental Society that sponsored the movement. And the interest in dental education under the tutelage of our Society became so great that the people rose up and called upon their legislators for action. Our lawmakers in response passed legislation that brought the school into existence. This was done without debate and without a dissenting vote. And more than this, one of the greatest educational institutions in all the land, the University of North Carolina, received the school with open, outstretched arms—the School of Medicine and the School of Public Health participating wholeheartedly. Our School of Dentistry was thus born on virgin soil. There were no past mistakes, no subordinate standards, no prejudices, no poisonous obstacles to infest the infant growth of this noble Institution. Then it would seem and does still appear that our School is in a position to go forward in admitting and training her students in a man-

ner that may well be deemed a precedent.

If our analysis of our School's present status is correct, the question naturally arising is, "What should this precedent be?" And it is my intention from here to attempt to throw some light on this question from the point-of-view of those who devote their lives to the practice of dentistry—either general or specialized. Much has been said about training dentists for teaching and for research, but I shall restrict myself to the sphere in which twenty-seven years of prodigious labors have gleaned for me some very positive convictions.

In the first place, these years have taught me that a dentist should be an educated individual. The economic, social, civic, cultural, and the whole process of life about him demand that he be educated. Does it follow, then, that one deft in the techniques of dental procedures is educated? Does it mean that a person who can demonstrate ability to acquire dental knowledge is educated? Is one who has mastered some special or specific scientific subject educated? In all such instances I think the answer is no. An educated person is one whose training enables him to adapt himself to his environment of people and of things. To cope successfully, happily, serviceably, and profitably with the people, with the events, and with the things one encounters is the evidence of one's being trained in a manner that proclaims him to be educated. In short, an education prepares a person to live rather than to make a living. And as techni-

cal and scientific knowledge pertaining to dentistry increases, the dental curriculum must be more and more restricted to the trade or professional knowledge. During my dental training from 1919 to 1923, I received two years of English instruction from the Professor of English at Emory University. We were given four years of instruction in chemistry, organic, inorganic, "qual & quan," and biochemistry. Much of this and other subjects of a more general nature have been dropped from the dental curriculum. This means that the need for training outside the trade school is ever increasing.

Let us look, therefore, to the process by which a prospective dentist may acquire the essentials of an education. It hasn't been too long since dental educators realized that students of dentistry being trained in technological schools outside universities were missing many of the essentials of an education. Dental educators and the dental profession hastened, consequently, to bring our dental schools throughout the land under university discipline; and to maintain this status we must come up to the standards that university discipline recognizes as essential to the rudiments of education. Orland and Blayney in the December, 1951 *Journal of the American College of Dentists*, say: "If the dental curriculum is to remain at the university level and to develop an intellectual content so as to become even more of an integral part of the university, then the trend toward more dental personnel becoming equally well trained in the basic sciences of the university is deemed essential. Concurrent with and as a result of this trend, the critical position of dental education in American universities as out-

lined by Jump can be favorably resolved in so far as there will be greater appreciation by the dental faculty of dental students with broad cultural and basic science backgrounds. Furthermore, in a functional democracy we cannot afford to have, as Hutchins has bluntly stated, a nation of 'uneducated experts'."

It is clear from the foregoing that this cultural background in art and science must come from training in the Standard Colleges of science and liberal arts. There is no contention on this point. The problem is how much or how long should one train here. In answering that question one must take cognizance of a dentist's environment. He is constantly mixing with, working with, and serving with people who have degrees in science and in liberal arts. His thinking processes must compare favorably with them. And while it is not my purpose to ape any profession, I do not believe that the dentist can compare favorably and render his service adequately in competition with other health service men who have had one or more years additional training in this broad cultural field. And twenty-seven years of clinical contact with the healing art in all its aspects have taught me that the pathological processes of the oral cavity require no less knowledge for adequate dispensation than is required to cope wisely with many diseases to which other parts of the human organism are susceptible. To say these things in another way and to be specific: Our dental frontier calls for the courage to keep our dental applicants trained second to no group who aspire to the doctorate in any branch of the healing art.

So far I have dealt only with the dentist in his professional field. But

in his social, civic, religious, and overall life's activities he comes daily in contact with men and women who have degrees in the field of liberal arts and sciences. These degrees do not usually reach that of the doctorate. But think, if you will, of a group of people with bachelor degrees listening to a Doctor of Dentistry butcher the "King's English" and otherwise expose his lack of culture as he attempts to address them or to take a leading part in the activities of his community. The whole picture becomes one of embarrassment—one of a challenge to every dentist of insight to rally to our dental frontier and to reassure the brave men of our dental faculty that we mean it when say that we want our School of Dentistry to occupy a frontier position and to set a precedent in dental education. It takes more than a mere minimum of one or two years with these cultural elements to give the outlook that is needed. Too little here cannot be offset by additional work in the technics of a profession. Roger W. Holmes realized this when he wrote *What Every Freshman Should Know*. He wrote at length on the folly of too much time spent on elementary facts and concepts and too much emphasis on the narrow subject of a specialty. He emphasized the importance of dwelling on the basic principle of the arts and the sciences in their broadest sense; and then he said to the students, "Make us realize that our interests and understandings should spread into every field . . . When you have avoided the Scylla of heterogeneous meanderings among elementary facts and concepts and the Charybdis of a study so narrow that you are ignorant of what is going on outside your own little corner of interest, you will have intellectual balance and perspective."

Now, it would appear from our outline of our School of Dentistry's position that she would experience no difficulty in producing alumni with a broad cultural background and unexcelled technological skill in dentistry. This, however, has not proved to be the status. I have spoken of our School as our Dental Frontier. A frontier is a place that calls for the unyielding courage of the brave. It is the outpost beyond which we have not successfully explored and colonized. The organization or the individual who dares to occupy a frontier position should be prepared to withstand the denunciations that come from the masses of people at large for they are essentially complacent while the frontier position dares to challenge the status quo and to beckon men on to higher avenues of achievement. The great American journalist, Henry Justin Smith, saw this. He said that we are surrounded nearly everywhere by the spirit of doing things "just to get by."

"Put over a good bluff. Don't kill yourself. You'll hear it," he said, "the great American invitation to mediocrity."

Yes, we are hearing it now. "The standard of predental education at Chapel Hill is too high." All the schools who operate under the minimum requirements of the American Council on Dental Education proclaim this. "Don't get excited over there in the woods", they say. "It's been good enough. You'll get by. Take it easy." That's the cry of the masses. That's the call to mediocrity.

But men possessing the courage to brave the frontier brought this beloved Institution into being. Men who were willing to face the dangers of the unexplored caused over one hundred

thousand dollars to be subscribed in less than six weeks by dentists alone to the Dental Foundation of North Carolina, Inc. These same men will not sit idly by and see the fruits of their efforts suppressed into a position of complacency or mediocrity. It is a fundamental belief rooted deep in the central chambers of the hearts of the spirits of these frontier men that dental applicants should be in the cul-

tural sense trained as broadly and as deeply as any group admitted to health service training under any phase of University discipline. It is my earnest desire to have our very able faculty and our great dean of dentistry fully aware of this fact as they labor with us to remove any and every barrier that may challenge this worthy objective in the direction of a greater health service to our people.

RESOLUTION

Dr. Henry Otis Lineberger

North Carolina Hospitals Board of Control

In the passing December 7, 1951 of Dr. Henry Otis Lineberger the North Carolina Hospitals Board of Control lost a friend, member and a chairman whose fellowship, character, leadership, and vision are beyond valuation. In partial amelioration of our loss we shall ever have the memories of his friendship, the joy of having worked with him on matters which were dearest to his heart, and of the close association which these co-laborers brought, and the influence which was wrought into our own lives and the program to which he devoted the last full measure of his interest, energy and devotion. A great humanitarian, he thought never of self but only of others and how he might serve them.

We recognize, too, and so record that his loss, while closest to us as fellow board members, went far beyond the board itself. His profession, his state, and his church have likewise suffered irreparable loss. To his own family circle the loss is sharpest and most poignant; to them we extend deepest and heartfelt sympathy. At the same time we express to them our gratefulness for letting these outside causes to which he gave himself share in his life and its richness and fullness.

At the call of Governor Cherry, Dr. Lineberger became member and chairman of the North Carolina Hospitals Board of Control in April, 1945, at a time when years of war had piled upon years of limited resources and made the plight of the state's mental institutions grave and discouraging.

He brought to the task the forces, personal qualities, and characteristics which were sorely needed. His administrative ability, his personality and his earnestness welded the board together and led hospital personnel in a tremendous undertaking. He showed consideration and fairness to all persons; he inspired those around him and secured that unanimity of support and of cooperation which were essential to the task at hand. His spirit of optimism and his quiet efficiency were contagious.

Dr. Lineberger was assisted in his many activities by his wife, who shared his varied interests. Her courage and help were greatest during his two years of illness when, with no lessening of these interests, he carried on to the end for those causes in which he believed and for which he had previously labored. His continued work on the board took from him some of his failing strength. But he gave it willingly, his thoughts upon others, their healing and their comfort.

Such a life of usefulness and service cannot be adequately memorialized. But in humility, in love and affection, and in lasting record the North Carolina Hospitals Board of Control spreads this tribute upon its minutes and forwards copies to Dr. Lineberger's family and to publications of the church and profession with which he so effectively worked.

H. W. Kendall
Thomas O'Berry
Mrs. Reba Gavin

Editorial---

FOOD FOR THOUGHT

There is a great deal of evidence that the members of the North Carolina Dental Society are not contented and satisfied in treading the path laid out for them by their predecessors. There is a spirit of healthy discontent and a determination to add another span to the paved path of dentistry in North Carolina. Old problems are still unsolved and new ones are pressing for solution, but in spite of this, progress has been made.

The sum of spiritual, ethical and emotional traditions of the dental profession is a result of noble minds and loyal hearts. Even though there are many who never attain greatness, the basic information and the loyal service freely given enriches our profession.

There is ample testimony that our members are wholeheartedly for the grand profession we are privileged to serve and many are living proof of the success of our founders. Through their efforts the profession has been elevated and humanity has been helped. These men have found a method to make their strength count in a constructive way. They have experienced the joy of enthusiasm, the rigor of responsibility and the pulse of pleasure.

Our efforts usually determine our destiny. In the profession of dentistry, many of us are still students; our usefulness lies in the future. We should consider it a real privilege to work together as students and assume responsibility as loyal men. Perhaps by our influence and faithful service the great profession of dentistry will be enriched.

The food for thought is ably expressed in these lines by Douglas Malloch.

"If you can't be a pine on the top of
the hill

Be a scrub in the valley—but be
The best little scrub by the side of
the hill

Be a bush, if you can't be a tree.

"If you can't be a bush, be a bit of
the grass

And some highway happier make.
If you can't be a muskie, then just be
a bass

But the liveliest bass in the lake.

"If you can't be a highway, then just
be a trail.

If you can't be the sun, be a star.
It isn't by size that you win or fail
Be the best of whatever you are."

A. D. A. WILL SEEK DATA FROM 25,000 DENTISTS NATION-WIDE SURVEY TO CHECK DENTAL NEEDS

Nearly one-third of the nation's dentists will be asked to cooperate in a nation-wide survey of dental needs to be conducted during May by the American Dental Association.

Purpose of the survey, directed by the A.D.A. Bureau of Economic Research and Statistics, is to measure the extent and scope of the national dental problem, according to age, sex, size of community and income of the patient. It will be similar to the survey conducted by the Association in 1940.

Questionnaires will be sent to 25,000 dentists throughout the country early in May. Each dentist receiving the questionnaire is urged to answer each question as completely as possible and to return the completed form as promptly as possible to the A.D.A. Bureau. A return envelope will be enclosed for each dentist's convenience.

The questionnaires will request information about the dental needs of 10 consecutive patients. Included will be questions dealing with numbers of fillings, dentures, extractions and other dental operations and treatment. All dentists who receive the questionnaire are urged to cooperate fully in providing the requested information.

In addition to serving as a measurement of whether dental needs are greater or less than they were in 1940 during the former survey, the new study will provide a basis for future years.

The study for the first time will include information about children and thus can provide a gauge for the future of such comparatively new preventive measures as fluoridation of

public water supplies and topical applications of sodium fluoride as well as dental health education. By the end of 1951, more than 200 cities and towns were fluoridating their water supplies.

The compilation of factual data on dental needs will be particularly helpful in the development of sound and practical dental health programs. Such information will also serve effectively to counter the unsupported propaganda in favor of unworkable health schemes.

Individual dentists also may be interested in using the results of the survey to compare the dental needs of their patients with the average for the nation.

An appeal for the cooperation of all dentists who receive a questionnaire was made by Mr. B. Duane Moen, director of the Bureau of Economic Research and Statistics.

"The success of the survey depends on the cooperation of all dentists receiving questionnaires," he said. "Dentists will be making a significant contribution to knowledge of the dimension of national dental needs by filling out the questionnaires completely and carefully."

The names of the 25,000 dentists who will receive the questionnaires will be chosen in such a way as to provide a valid representation of the profession throughout the entire nation. Dentists will be selected in proportion to the total population of each community, thus assuring a thorough cross-section measurement of dental needs of the general public.

NEWS ITEMS FROM THE DISTRICTS

"The Fluoridation of Communal Water Supply to Reduce Tooth Decay" has progressed satisfactorily in the Fourth District. Dr. John C. Brauer has appeared before both the Rotary and Kiwanis Clubs of Raleigh presenting the case for fluoridation. Civic organizations and P. T. A. have endorsed this program.

The Regional Forum held in Raleigh was well attended by dentists from the Fourth District. Those attending from outside Raleigh were Drs. C. W. Sanders, R. Fred Hunt, Worth Byrd, Marvin Jones and Tom Hunter.

Dr. Edgar D. Baker has been named Raleigh's "Outstanding Young Man of 1951."

He received this recognition at the Junior Chamber of Commerce's Annual Awards Banquet. The selection was made by a secret committee composed of prominent Raleigh citizens.

Although not a Jaycee, Dr. Baker's contributions to various civic and professional enterprises merits this award.

Miss Anna Lee Merenda of Baltimore, Md. and Dr. Thomas H. Darden of Chapel Hill were united in marriage on December 28, 1951.

Congratulations to Dr. and Mrs. Paul T. Harrell of Wake Forest on the birth of a daughter, Nora Ellen, born February 5, and to Dr. and Mrs. Adolphus Cook, Jr. of Nashville who have a daughter by adoption.

Dr. and Mrs. M. M. Lilly spent several days in Florida during the month of February.

Dr. George N. Anderson has moved his office from High Point to Gold Professional Building in Wilson, North Carolina.

Dr. F. G. Chamblee of Spring Hope and Dr. Harry Williams of Roseboro are back at work after being out of their offices due to sickness.

Dr. Cleon (Sandy) Sanders of Benson has been elected to serve as Lieutenant Governor of the 4th Division of the Carolina's District of Kiwanis International.

Dr. L. M. Massey of Zebulon has been elected President of the Meredith College Board of Trustees.

The Fourth District feels a great loss in the passing of Dr. Thomas P. Bullard of Roseboro.

Dr. Kemp Weeks returned from Florida February 1 after visiting there about 15 days.

ANNOUNCEMENTS

The South Carolina Dental Association will meet in Greenville, S. C. for its annual state meeting May 18-20. Dr. J. R. Owings, Secretary-Treasurer, Greenville, S. C.

Ninety-third Annual Session of the American Dental Association. St. Louis, Missouri, Sept. 8-11, 1952.

The Annual Meeting of the Southern Academy of Periodontology will be held May 25-27 at Grove Park Inn,

Asheville, N. C. Dr. E. L. Banks, Secretary. 830 Candler Building, Atlanta, Georgia.

WANTED: Dentist for State Hospital. Salary \$5780. Attractive six-room brick veneer house, with lights, water, telephone supplied. Apply, David A. Young, M.D., Box 88, Raleigh, N. C.

THE
JOURNAL
OF
The North Carolina
Dental Society

Component of the American Dental Association



CONTAINING THE
PROCEEDINGS
OF THE
NINETY-SIXTH ANNIVERSARY MEETING
AT THE
CAROLINA HOTEL
Pinehurst, North Carolina
MAY 11, 12, 13, 14, 1952

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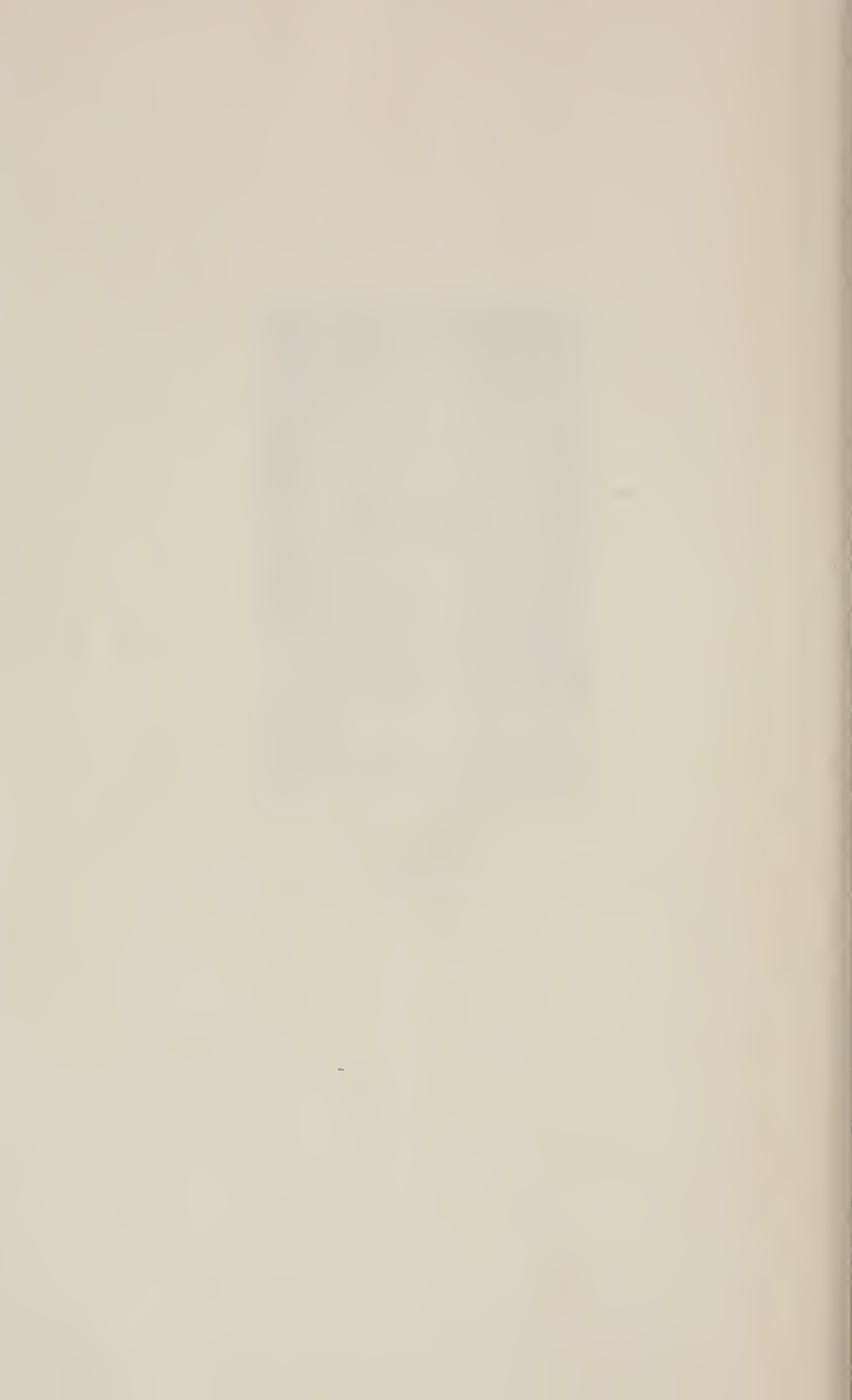
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Chapel Hill, North Carolina



Dr. R. Fred Hunt

President of the North Carolina Dental Society
1951-1952



THE JOURNAL

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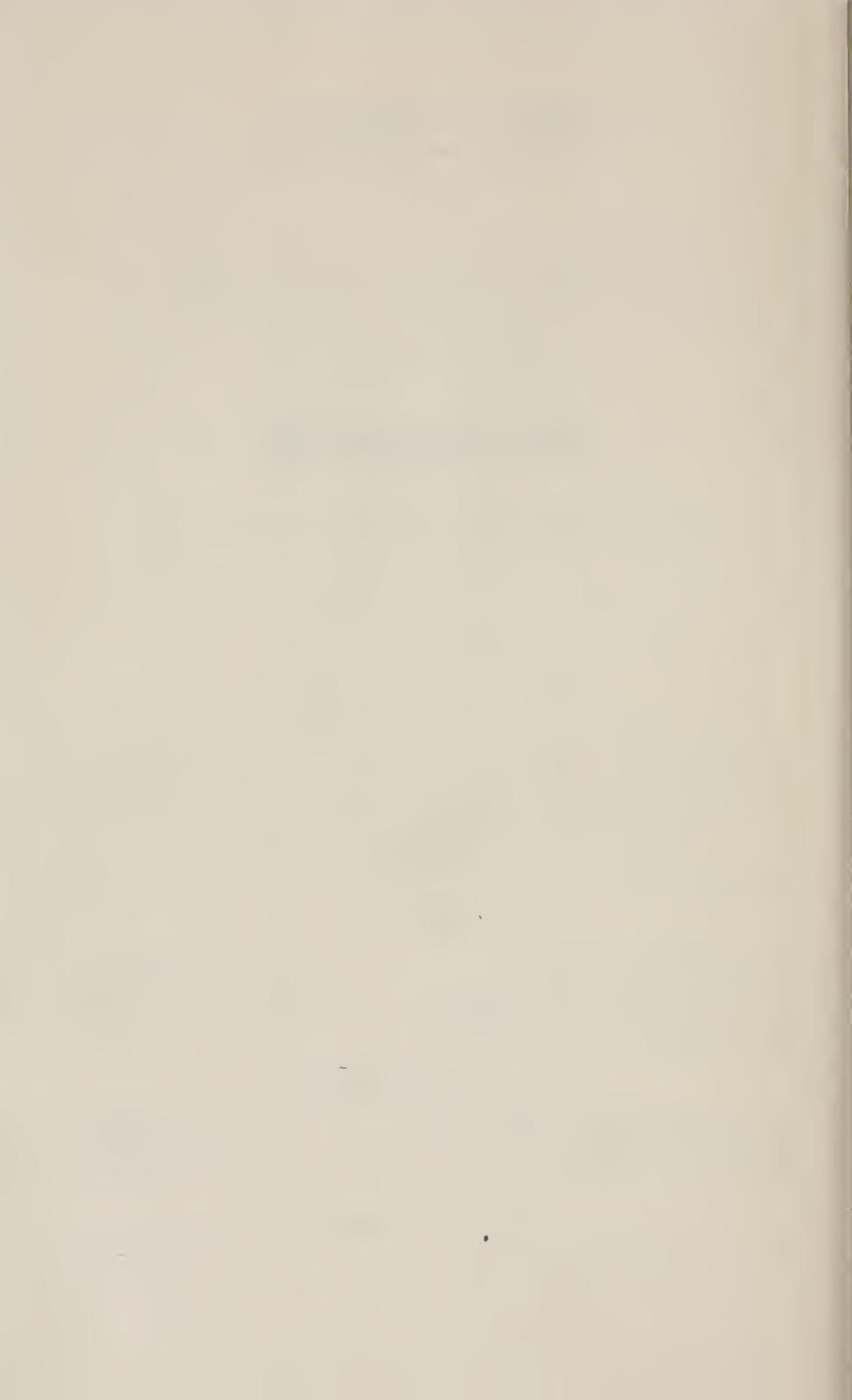


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OPENING SESSION

Sunday, May 11, 1952

The Ninety-Sixth Anniversary Meeting of the North Carolina Dental Society was called to order at the Carolina Hotel, Pinehurst, North Carolina, Sunday evening, May 11, 1952, at 8:30 o'clock p.m., Dr. R. Fred Hunt, President of the Society, presiding.

PRESIDENT HUNT: The first General Session of the Ninety-Sixth Anniversary Meeting of the North Carolina Dental Society is now in order.

It is my happy privilege at this time to recognize the Rev. Mr. Roscoe Prince, Pastor of the Pinehurst Community Church at Pinehurst who will conduct the meditation service.

REV. MR. PRINCE: You will notice that on the program there is listed by me an invocation. I hope you understand the difference between an invocation and a meditation. An invocation lasts about one minute, and a meditation can go on indefinitely.

I think it is a fine thing that your Program Chairman has seen fit to include at the beginning of this convention a reminder of the basic spiritual life which gives meaning to all of living. I always have a sense of personal inadequacy when I remember the long and glorious history of Christian testimony.

Now, for almost two thousand years men, great and small, have given their testimony to the value of the spiritual as portrayed in the words and in the life of Jesus Christ, and yet there is always a sense of pride in taking one's stand beside the most unforgettable personality that one can ever possibly meet. Let us for these few minutes share together two thoughts on a spiritual plane.

If there could be a subject, it would be the subject, Questions. We are faced with them daily, all men. We are troubled with the big questions; we are also bothered by those that are not so big, but yet cause us great concern.

We find great helps in the increased knowledge made possible to us. We are helped by understanding friends. We are helped by authorities who, by their profound learning, are able to impart some of their wisdom to ours.

We find the answers forthcoming in certain fields. Science tells us how things work. They take what is here—the laws of nature—they explain them. But when the question of Why is raised, we are faced with something different. The answers are more elusive. The answers can be found only by each man in the depths of his own soul. We cannot find them from any other source—we work them out ourselves, helped, of course, by the heritage of mankind and by the religious insights of gifted spiritual leaders.

Unless we learn how to face these answers bravely, we become of all creatures the most pathetic. Those who are afraid to face life's basic questions of the meaning of life, the meaning of death and of human conduct, develop a sense of utter helplessness, they lose their sense of personal freedom, they are not sure of themselves, they are not sure of anything. Their only recourse is to lean on something else or somebody else, and the most

logical person is a doctor or a minister or some member of the family.

When we come to that point, when we are satisfied without facing the basic questions, we are of all men most miserable.

The Bible gives us many examples of those who face one question which will enable us to answer satisfactorily all other questions. There are two examples which I would like to call to your attention.

First, a Roman Governor was called upon to judge a strange prisoner. This Governor tried to dodge the issue. He attempted to turn over this troublesome problem to another Governor under whose jurisdiction he thought the case might be tried. This did not work. Again, he sought help from an escape clause in governmental policies. It did not work, either. It was brought back to his own hands to handle in his own way, to handle with what strength he had in his own nature. In frantic fear, in desperation, he takes his problem to a blood-thirsty mob and asks them pitifully, "What then shall I do with Jesus the Christ?" And the answer came back with the sound of thunder, "Crucify Him."

When we take life's basic questions to the wrong place, the answer is always disastrous. Pontius Pilate is despised today in memory.

On this Sunday, there were millions who recited the Apostles' Creed, "I believe in God, the Father Almighty, who made Heaven and earth, and in Jesus Christ His only begotten Son," and it also includes an ignominious shame to this Roman Governor, "suffered under Pontius Pilate".

The second example comes not long after. A sensitive, brilliant, younger man, a man intent, wild-eyed, fired with a fanaticism which only deep spiritual convictions can arouse. This man was on his way along a dusty road to bring back for trial and conviction religious heretics. Along the way, something happened to this man. Whether what happened was known to anyone else is doubtful, but something happened in the depths of his own mind and soul which made a difference to him as long as he lived. This man cried out, "What wilt Thou have me to do?"

Compare these two questions—that of Pilate, "What shall I do with Jesus?" "What wilt Thou have me to do?" This is the master question. If we answer it satisfactorily, or if we ask the question with deep conviction behind it, these other questions will fit into their proper place and we shall have found a practical means of living a not happy, but at least a satisfying life on this earth.

Of course, there are dangers here. No man can ever be sure that the answer which comes to his own mind is God's will.

But this danger is a necessary one which all of us must face. Life is filled with regrettable mistakes. We all have things that we wish had not happened. We are faced with consequences which we would like to call back.

All of us, I am sure, run up against problems. We make mistakes which we regret.

How can we keep from making them? By asking ourselves daily, in a very prayerful mood, "What wilt Thou have me to do?"

Let us pray.

O, Lord, our God, who art more ready to bestow Thy good gifts upon us than we are to seek them, and more willing to give than we desire or deserve, help us so to seek that we may truly find, so to ask that we may joyfully receive, so to knock that the door of Thy mercy may be opened unto us. Be with us during these days ahead that our association together may prove helpful in making our lives useful through Jesus Christ our Lord. Amen.

PRESIDENT HUNT: Thank you, Mr. Prince for this timely and inspiring message.

The next man to be on this program is not a guest by any means. I attended my first State dental meeting in this room some 27 years ago, and if I recall correctly, this gentleman came to give the address of welcome at that time.

To be continually invited back year after year speaks well for any person. We are indeed happy to have with us at this time Mr. Richard S. Tufts, President of Pinehurst, Inc., who will now give the address of welcome.

MR. TUFTS: Mr. President, members of the North Carolina Dental Society, ladies: I was a little disturbed when I found Reverend Prince was on the program immediately ahead of me because I am quite well aware of his ability to bring you a message worthy of your best thoughts and the few words that I have to say will certainly appear as an anti-climax after what he has said to you.

I have another little quarrel to make with your program. I don't quite like the term "Address of Welcome." It indicates a sense of formality that is entirely foreign to my feeling in greeting you here to Pinehurst.

You know, when a man comes and visits you at your house for the first time, you show him around the property and you let him look through the family album and you tell him about all the peculiarities and eccentricities of the members of your family. That is sort of a formal greeting. That is an address of welcome.

But, after he has come back and visited you some twenty or thirty times, you greet him at the door and you ask him about his wife and kiddies, and you tell him that he is upstairs in the blue room this time, and you don't even have to ask him whether he has fuzzy water or branch water in his drink.

I feel a little that way. I feel we are old friends, as your President has just indicated, and this is no effort to bring to you an address of welcome, but to greet you and welcome you back to Pinehurst again.

I am going to say just one more thing about your long and friendly relations with us here and how much it has meant to us.

Back in the early days, my father operated this little resort in North Carolina and hardly anybody ever came here from the State. We were doing

business here in the State, but we were sort of lonely. Nobody took much interest to come down and see what we had for them.

I remember my father telling me that he started going around a little bit to the good roads meetings, and became acquainted all over the State, and one day he ran into one of his friends here in the hotel that he met around over the State, and he was so surprised to see a man from North Carolina here, he said, "What in the world are you doing here?" He said, "Well, I am just a little bit ashamed. I go up to New York on business quite a lot and all my friends ask me where I am from, and I tell them I am from North Carolina. They all say, 'Do you live anywhere near Pinehurst?'" He said, "I just wanted to come down and see what you really had here."

Things have changed a lot since those days. We have many visitors during these meetings from the States, we have many visitors here during our season, and we are awfully proud and happy to have you here and to have you take an interest in what we are trying to do here to rehabilitate people, to enable them to do their jobs better in the world.

Mr. President, I hope that you have a most successful meeting. If there is anything in the world we can do for you, I hope you will let us know

I thank you very much. (Applause.)

PRESIDENT HUNT: Thank you, Mr. Tufts.

At this time I shall recognize Dr. Ed Baker of Raleigh, who will respond to Mr. Tufts' address of welcome.

DR. BAKER: Mr. President, Mr. Tufts, members of the North Carolina Dental Society, ladies and gentlemen: A man who has a better attendance record at the North Carolina meetings than I have is Mr. Tufts.

The Dental Society first discovered Pinehurst, I believe, in 1923. Since then we have been back here twelve or thirteen times. I think that speaks pretty well for how we feel about Pinehurst.

Several years ago on a similar occasion, Mr. Tufts spoke of this group as one of his favorites. We are very proud of that and we hope that our mutual good standing will continue.

We shall enjoy staying at Pinehurst these few days, enjoy the golf, the good food, the relaxation and the rest, and, oh, yes, we will want to do a little business of our profession. But I am sure that we will pack off a bunch of fine members until another year.

PRESIDENT HUNT: Thank you, Dr. Baker.

At this time, we approach what I consider to be a very impressive part of our program, the one in which we are permitted to honor and immortalize our departed members.

It is my privilege to recognize Dr. F. E. Gilliam, Chairman of the Necrology Committee.

DR. GILLIAM: Mr. President, members of the North Carolina Dental Society and guests: It has been the custom since 1920 that during our State Dental Meeting, we pause for a few minutes to pay tribute to those members that have gone to their eternal rest since our last meeting.

During this Memorial Program we pay homage to those who have contributed much to mankind and our profession.

In appreciation of their labors, we can pay these men tribute by carrying on the work and high ideals for which they labored. They are:

Dr. Henry O. Lineberger, Raleigh, N. C.
Dr. Alford Hartman, Winston-Salem, N. C.
Dr. Robert W. Crews, Thomasville, N. C.
Dr. J. L. Gibson, Laurinburg, N. C.
Dr. J. T. McCracken, Durham, N. C.
Dr. C. B. Pratt, Madison, N. C.
Dr. Thomas B. Bullard, Roseboro, N. C.
Dr. W. T. Smith, Wilmington, N. C.
Dr. F. R. Wilkins, Forest City, N. C.
Dr. Robert B. Parker, Enfield, N. C.
Dr. Glen A. Lazenby, Statesville, N. C.
Dr. J. A. Sinclair, Asheville, N. C.

HENRY OTIS LINEBERGER, D.D.S.

1891-1951

Dr. H. O. Lineberger died at his home in Raleigh on Friday, December 7. He was born in 1891 and lacked only a few days of being 60 years old. His health had not been good for a period of more than two years, but his determination to "carry on" never left him. Even in those two years of poor health, he never gave up his public duties, though he did give up his work at the chair.

He was educated in the public schools of Gastonia, going from there to Trinity College—now Duke University, and for his dental training he went to the University of Louisville where he graduated with honor.

He immediately located in Raleigh and practiced there continuously except for time spent in the Army. He volunteered at the very first of World War. No. I and was assigned to a base hospital in France. In the Second World War he was Procurement and Assignment Officer for this state, and there never was complaint or criticism of that difficult work.

In civic and religious life his honors were both many and varied, and he was always among the leaders in any improvement of conditions of the masses. As the head of the State Hospital Board of Control, he has made contributions that will long be felt by life's mental unfortunates.

These are just a few of the basic facts of his life as they appeared in the newspapers of that date, but simply to give you these facts and go no further would no more give you a picture of the man "than to point to a few measures of grain and bid you behold a living harvest". His life was a series of harvests of work well done.

Dr. Lineberger held every office in the North Carolina Dental Society, but probably his outstanding work was his leadership in the establishment of our Dental College at Chapel Hill. It is doubtful if it would have been established within the life of this generation but for him. His was the guiding hand and he never wavered under difficulties, and they were many. The very school itself will ever stand as a monument to his untiring energy.

In the National Association, where he served long and well, his highest honor came when he was elected President of the F. A. C. D.—The American College of Dentists—and those who saw him preside at the Convocation in Washington in October remember the ease and dignity with which he presided and conferred the degrees—one on a United States Senator as well as those in humbler walks of life. They were all the same to him.

A man of the most genial disposition, yet never weak nor vacillating, he made friends whose number was literally limited only to the number of his acquaintances.

"None knew him but to love him
Nor named him but to praise"

To the members of the Raleigh Dental Society, he was both a leader and a comrade. One of the younger men said that in his passing "he felt a double loss as of some soldier who in the self-same battle had lost both his general and his chosen tent mate".

It has been my high privilege to have known him more or less intimately since he came into the profession at Hendersonville in 1914. I feel that I have had every opportunity to evaluate him both in his home life and in his professional life, and I have never known even the slightest incident that in any way detracted from his high character.

If there was one reason more than another for his high ideal of life, it was because he loved his fellowmen.

"It's the giving and doing for somebody else:
On this all life's splendor depends,
And the joys of this earth when you have summed it all up
Is found in the making of friends".

I know of no higher tribute to pay him than to say I never heard him speak an evil word of any creature. Dr. Lineberger is gone and we will probably miss him more than any other dentist of this generation, but his work will live on and on.—By J. M. Fleming.

ALFRED PLEASANT HARTMAN, D.D.S.

1900-1951

Alfred Pleasant Hartman passed away November 29, 1951 at his home 2211 Rosewood Avenue, Winston-Salem. Although he had been in ill health and retired from active practice since 1943, death was unexpected.

Dr. Hartman was born in Davidson County, a few miles south of Winston-Salem, June 18, 1900, a son of G. A. and Ollie Nifong Hartman. He was educated at Liberty-Piedmont Institute, Wallburg, N. C., the University of North Carolina and was graduated from the Atlanta-Southern Dental College in 1927. He immediately opened his office for the practice of general dentistry in Winston-Salem and enjoyed a successful and lucrative practice until his retirement.

He was prominently identified with the civic life of his community. He was an active member of the First Baptist Church, the Lions Club, Winston Lodge No. 167, A. F. & A. M., Royal Arch, Chapter No. 24, Piedmont Commandery No. 6, Knight Templar, the Forsyth County, Second District, the North Carolina Dental Societies and the American Dental Association.

He was married to Miss Virginia Byerly, who survives, on June 29, 1933. Other survivors are two children, Peggy and Alfred Hartman, Jr., his mother, one sister and three brothers.

No man ever served his profession or his community more capably, more faithfully or more willingly than Alf Hartman. His kindness, his thoughtfulness and his unassuming manner won for him the love and admiration of all who knew him in every walk of life. He ever radiated the Spirit of Christ in an humble, useful and self-sacrificing life at any time or place you might find him. He always walked close to his God.

He was held in the highest esteem by his many friends, possessed a pleasant, jovial disposition, kind-hearted and true to the end.

"He asked no mead of his Maker,
Save strength to fulfil His plan,
To give his life in service,
For God and his fellow man."

We deeply regret that so useful and valuable a friend has left us. We shall miss him more with each succeeding day.—By C. M. Parks.

ROBERT W. CREWS, D.D.S.

1879-1952

Dr. Robert W. Crews, 73, a professional, religious, and civic leader died at a local hospital on February 17, 1952 following an extended illness.

Dr. Crews was born in Rockingham County near Madison, November 19, 1879. He attended the University of Maryland, and graduated with the class of 1910. He practiced dentistry for a short time in Cheraw, S. C., with Dr. Funderburk. In 1912 he moved to Thomasville, where he continued to practice until the time of his death.

Dr. Crews was a member of Xi Psi Phi Fraternity, the Thomasville Rotary Club, a former Deacon of the First Baptist Church, and a member of the choir, a former member of the City Council of Thomasville, former Vice-President of the Second District Dental Society, and former Vice-President of Davidson County Dental Society.

Dr. Crews was a fine Christian gentleman, loved by his friends, and highly respected by all his associates.

He is survived by one son, Joe Crews. His wife, the former Miss Corrina Auman, preceded him in death by only two months—By R. H. Holliday.

J. L. GIBSON, D.D.S.

1875-1950

Dr. J. L. Gibson was born near Gibson, N. C., on August 31, 1875. He attended Trinity College being in the class of 1900. His father's death forced him to leave school during his senior year. The following fall Dr. Gibson entered Atlanta Dental College and he graduated in 1903.

For about a year after graduation he practiced with Dr. Goldberg in Bennettsville, S. C. In 1904 he went into practice with Dr. Ben Herndon in Laurinburg, N. C., and continued his practice here after Dr. Herndon's retirement until his own failing health caused his retirement in 1950. He gave 46 years of service to this community.

He is survived by Mrs. Gibson, the former Miss Bessie Morgan, and three children, Lauder, Harold and Raymond. All live in Laurinburg.

Dr. Gibson was an active member of the Methodist Church and taught the Men's class for about twenty-five years. He was a Charter Member of the Laurinburg Rotary Club.

Dr. Gibson's many years of service have had a profound effect on the health and well-being of this community. He was a Christian and an able dentist and had a wonderful sense of humor. He will long be remembered with love and esteem in the hearts of the people of Laurinburg and Scotland County.—By Francis H. Biddell.

JAMES TINNIN McCracken, D.D.S.

1869-1951

Dr. James Tinnin McCracken, 82, Dean of practicing dentists in Durham, both in years and in length of active practice, died February 21, 1951 after an illness of several months.

Dr. McCracken was born in Orange County, North Carolina, on January 14, 1869, the son of John and Eliza Angeline (Holt) McCracken. His father's family had lived in Orange County several generations and were Quakers. His mother was the daughter of Jacob and Mary (Wilkins) Holt of Alamance County, North Carolina.

Dr. McCracken attended Caldwell Institute in Orange County, and received the degree of D.D.S. from Atlanta Dental College, Atlanta, Georgia, on March 24, 1897. He was licensed by the Board of Dental Examiners of Georgia on March 28, 1897, and by the North Carolina State Board of

Dental Examiners on May 10, 1898, (license No. 117). He was issued a certificate of registration (No. 43) by the Clerk of the Superior Court of Durham County on June 20, 1898.

He began the practice of Dentistry in Durham, North Carolina, on October 1, 1898 and continued his practice in Durham for 52 years until illness caused him to retire in November 1950.

He was first married to Miss Hassie Hall of Orange County who died in 1904. Of this marriage there were born two sons, John Hall McCracken of Moncure, and James Samuel McCracken of Winston-Salem, and one daughter who died in infancy.

His second marriage was to Miss Margaret van der Linden of Pella, Iowa, on July 17, 1907. Of this marriage there were two daughters, Misses Marian Graham McCracken and Margaret Holt McCracken of Washington, D. C.

Dr. McCracken was always actively interested in the civic, religious and professional life of his community. He was a member of Trinity Methodist Church, and was for many years a member of the Board of Stewards and the Men's Bible Class. He was a member of the Durham-Orange Dental Society and the North Carolina Dental Society, and served on the Visiting Staff of Watts Hospital for many years. He was a Mason, member of the Durham Lodge, a Shriner and for some years a member of the Durham B.P.O.E.

I would like particularly to call attention to one phase of his life—call it his hobby. That was his great love for the out-of-doors and his garden. In his younger days he used to rise early and work there until office time. The Maple trees he transplanted from his old home in Orange County, the fig bushes, the scuppernong vine and fruit trees besides his large vegetable and his rose garden were a great joy to him.

The fruits of his labors were generously shared with his many neighbors and friends. He never sold anything he raised and took great pride in the fact that his garden often produced the very earliest vegetables.

Dr. McCracken was a quiet, kindly, good man—truly a real Gentleman of the old school, held in high esteem by his friends. His presence has been greatly missed by his associates and all who knew him—By Claude A. Adams.

CHARLES BENTON PRATT, JR., D.D.S.

1890-1951

Dr. Charles Benton Pratt, Jr., of Madison, North Carolina, died February 8, 1951, at the age of 60 following a critical illness of one month's duration.

He was educated at Madison High School, Horner Military School at Oxford, North Carolina, and Guilford College. He received his degree of

Doctor of Dental Surgery at the University of Maryland in 1913. At that time, he entered private practice in Lancaster, South Carolina, until called to the service of his country early in 1918 as a dental officer in the Medical Corps.

After Dr. Pratt's discharge from the Army in 1919, he entered private practice in Rocky Mount, North Carolina, and in 1927 returned to his home town of Madison.

At the beginning of World War II he entered service as a dental officer with the 105th Regiment and was given a medical discharge in 1942 with the rank of Major. Following his discharge, he returned to Madison and resumed private practice on a part-time schedule because of his health.

Dr. Pratt served his country, his profession, and his community well and was active in organized dentistry, civic and fraternal affairs, as well as the church.

Surviving are his widow and one son.—By J. T. Lasley.

THOMAS PERRY BULLARD, D.D.S., M.D., D.O., PH.G.

1886-1951

Dr. Thomas Perry Bullard was born September 18, 1886, died April 7, 1951.

Dr. Bullard was born and reared at Hayne in Sampson County, North Carolina. He was a graduate with high honors from Northwestern University, Chicago, Illinois. After graduation he practiced for a short time in Pembroke, N. C., after which he located in Roseboro, N. C., and continued practice there until a few months before his death.

Perry, as he was fondly known, was not only a dentist of the highest quality but a scholar as well. After graduating in Dentistry he re-entered college and obtained the following degrees: M.D., D.O., PH.G.

Dr. Bullard was married to the former Miss Lula Estelle Howard of Salemburg, N. C., who taught for a number of years at Meredith College. There were seven children born from this union. They are all living and are, from the oldest to the youngest: Dr. Beatrice Stinnett of Brenham, Texas; Rupert E. Bullard, druggist of Fayetteville, N. C.; Perry DuBose Bullard of Imperial Tobacco Company of Wilson, N. C.; Mrs. William Warren of Goldsboro, N. C.; Eugene Bullard, a student in the University of Texas; Dr. George Minson Bullard of Mebane, N. C.; Dr. Doris Reeves Hawkins of Cherryville, N. C.

Dr. Bullard was a man of high ideals and was greatly interested in community life, ready and willing to promote anything that was for the betterment of the people at large and wanted to do his part for posterity.

—By A. D. Underwood.

WILLIAM THOMAS SMITH, D.D.S.

1873-1951

Dr. Smith whose death April 12, 1951 occurred from an illness of about two years, was born August 26, 1873, Caintuck, Pender County, North Carolina.

After receiving his elementary education in the schools of Caintuck and Salemburg he entered the Atlanta Dental College from which he was graduated with honors in the year 1899. In that same year he began his practice in Wilmington, and when he, because of failing health, retired in 1949 he had rounded out a little more than one half a century of practice.

Dr. Smith affiliated himself with the State Society soon after beginning the practice of dentistry and took great pride in the fact that he had an attendance record of more than 95% at the annual meetings. He held memberships in the American Dental Association, Fifth District Dental Society, Wilmington Dental Society, and served as Vice-President of the North Carolina Dental Society. From time to time he served on various committees and was a guiding force and continuous influence in shaping their policies placing American Dentistry upon a sound professional basis.

Dr. Smith possessed in a high degree the essential qualities that make for leadership. His magnetic personality owed its charm to his love of the truth and to the unquestioned moral courage that he displayed upon all occasions as the defender of the principles for which he stood.

He was a member of the First Baptist Church and served for more than forty years on the Board of Deacons and as a teacher in Sunday School. Some thirty years ago the men of the church organized and named one of the leading Bible classes of the church and city the "Dr. Smith Bible Class", to honor him. Today that class still carries on to perpetuate the memory of Dr. Smith.

He contributed most generously of both his material substance and talent as a Christian leader and was the protagonist of the best ideals both in his profession and church and the exponent of a noble and virile American manhood. To his host of friends he was a continual source of inspiration. He was the enemy of no man, an uncompromising antagonist of all that was mean, petty, or selfish. The dental profession has lost by the death of Dr. Smith one of its best exponents, one of its most trusted and respected members, and a comrade whose friendship has been a lasting benediction.

He is survived by his widow, Mrs. Emma Underwood Smith, Drs. Junius C. and James H. Smith, Mr. Jack W. Smith and Miss Octavia Smith, all of Wilmington, and Dr. W. T. Smith, Jr., Knoxville, Tenn., and Mrs. J. W. Shellhart, Scarsdale, N. Y.

—By C. A. Thomas.

FRANK R. WILKINS, D.D.S.

1886-1951

Dr. Frank R. Wilkins, who for the past thirty-two years was engaged in the practice of dentistry in Forest City, died suddenly on December 19,

1951. He was born in Rutherfordton November 23, 1886, the son of William Ferrell and Mary Hemphill Wilkins.

Dr. Wilkins attended the Rutherfordton public schools and later attended Westminster Junior College, from which he was graduated in 1904. Following a course in King's Business College in Raleigh he was engaged as a bookkeeper in Salisbury, later deciding to study dentistry.

After graduation from Louisville Dental College in 1916, he practiced dentistry in Cliffside for a brief period, later moving to Forest City where he was associated with the late Dr. J. H. Gettys until he went into service in World War I. Upon discharge from the Army he served with the Division of Oral Hygiene, N. C. State Board of Health until he opened an office in Forest City in 1920. He continued to practice dentistry here until his death last December.

Dr. Wilkins was active in a number of organizations and was an outstanding worker in the Forest City First Presbyterian Church where he served as a Deacon for a period of twenty-eight years. He was a Charter Member of the Forest City Kiwanis Club, helped in the organization of the local American Legion Post, was a member of the Cleveland-Rutherford Executive Club, Psi Omega Dental Fraternity, and was also a Shriner. As a member of the Iso Thermal Belt Dental Society, he had held various offices including the presidency.

In June 1924 he was married to Miss Maie Bridges, a native of Forest City.

Dr. Wilkins was well known in his community for his great interest in out-of-doors life. His hobbies included the management of a farm, as well as being a veteran hunter. It was while on a hunting excursion with a friend that he died suddenly of a coronary thrombosis.

A civic minded citizen, and a faithful member of the dental society, Dr. Wilkins will be missed by both his community and his profession.

By C. S. McCall.

ROBERT BRITT PARKER, D.D.S.

1913-1951

Dr. Robert Britt Parker died October 24, 1951 at McGuire General Hospital, Richmond, Virginia.

Dr. Parker had practiced in the town of Enfield, North Carolina, since his release from service on April 12, 1946.

Dr. Robert Britt Parker was born in Enfield, North Carolina, on April 22, 1913, was graduated from Wake Forest College in June 1939, and graduated from Atlanta Southern Dental College in 1943. He entered the United States Army April 11, 1943, and served with the 12th Armored Division in the 82nd Medical Battalion. He saw service in the Rhineland and Central European Theater from September 20, 1944 through January 19, 1946.

Through his faithfulness to his profession and his natural friendliness during the time that he practiced and lived in the town of Enfield he developed a great following and host of friends.

Surviving Dr. Parker are his wife, Anne Hale Parker and two children: Anne Cooper Parker, and Robert Britt Parker, Jr.—By M. E. Herman.

GLENN ALEXANDER LAZENBY, D.D.S.

1888-1951

The passing of Dr. Glenn Alexander Lazenby brought to a close the life of one of our most interesting and inspiring men.

Dr. Lazenby was born May 28, 1888, died May 1, 1951. He was married to Miss Aileen Pitts of High Point.

He was Past President of the Second District Dental Society and had served as Vice-President of the state society. He was graduated from Southern Dental College in 1911.

In his death we have lost a forceful leader and doctor, a wise counselor, a kind man and a dear friend. The society wishes to express its great appreciation of these qualities. His magnetic personality, rare gift of humorous expressions and wisdom acquired through wide experiences. It is known that he was influenced by a strong religious feeling and he brought to every decision a sense of fairness which made his counsel sought. As a dentist he has left the city of Statesville his debtor.

A life such as his cannot end without a sense of loss to those who had been associated with him. His memory will remain as a choice possession for his wife and children, and for a multitude of friends who knew and loved him.—By W. C. Current.

JAMES ALEXANDER SINCLAIR, D.D.S.

1877-1952

James Alexander Sinclair was born on December 8, 1877 at Marion, North Carolina. On March 16, 1952, while fishing at Fontana Lake with Dr. R. C. Weaver, one of his best friends, Jack suffered a heart attack and died within the hour.

He attended A. and M. College in Raleigh (now N. C. State College) and was graduated in dentistry from Baltimore College of Dental Surgery in the class of 1900. He began practice in Asheville in 1902.

Dr. Sinclair was a member of the following organizations: The Psi Omega and Omicron Kappa Upsilon Dental Fraternities, the American Association for the Study of Neoplastic Diseases, International Association of Dental Research, American Association for the Advancement of Oral Diagnosis, Pierre Fauchard Academy, the American Academy of Periodon-

tology, the International College of Dentists, and the American Dental Association.

He was a past president of all local dental groups as well as the following: The First District Dental Society, the N. C. Dental Society (1914-15), Southern Academy of Periodontology, American Association for the Advancement of Oral Diagnosis, and the International College of Dentists.

At the 1949 meeting of the American Academy of Periodontology in San Francisco, California, Dr. Sinclair became the 18th dentist in the nation to receive the honor of being awarded a fellowship "in recognition of his many contributions to the advancement of the dental profession."

He was also a consultant in Oral Surgery at the U. S. Veterans Administration at Oteen near Asheville and the author of many articles dealing with our profession.

Jack Sinclair was an unusual man. He excelled in many ways. His was a keen, quick, brilliant and inquiring mind—he was at once a student, scholar, scientist, researcher and diagnostician. Yet, at the same time, he kept the down to earth qualities. He loved people and was loved in return. He was enthusiastic at all times, never losing his sense of humor—even when he suffered reverses after reaching magnificent heights. Never during this trying period did he become bitter, but was a cheerful, sportsman-like good loser. I may add that he was also a modest winner.

He was a true sportsman and outdoors man. Although he was a good hunter, fishing was his first love and he was extremely proud of his tackle. He had always wanted to go with his boots on. It is fitting that he was called to a better land while doing the thing he loved most.

Jack could never be called selfish, instead, he was a friend to his fellow man. He was exceedingly generous, always ready to defend his professional brother. He loved his profession and did much to promote it to a higher level. Never have I heard him say anything to underrate a fellow practitioner.

Being charitable, he often worked overtime for the sake of a brother dentist and without remuneration. I know of many instances when patients came to him with broken hypodermic needles in the soft tissues, which he would remove expertly and with great care, all the time defending and preserving the good name of the operator; thus, avoiding suits and preventing a break between patient and dentist.

Jack was admired and loved by his fellow practitioners. His fund of knowledge seemed limitless. An avid reader, he subscribed not only to all dental journals but to medical journals as well.

His patients stuck by him not only for his skilled services, but because they loved him. The family received many beloved notes attesting to this from many of his patients.

To be still a great admirer of Dr. Jack after 39 years of close association with him is in itself no small attestation as to his remarkable person-

ality and ability. Words are inadequate to fully express my admiration, respect and love for this wonderful person. If he had a weakness, it was to serve his fellowman regardless of the cost to his physical and mental health.

The North Carolina Dental Society does many fine and impressive things each year at its annual meeting, but certainly nothing more inspiring than the occasion where we honor one of our own members at the Ladies Night Banquet and suitably thank him for his long and outstanding services to dentistry. This high honor was to have been for Jack Sinclair this year. Somehow, I think that Jack is smiling down from "Up Yonder" on our meeting today and on those of you, his friends, whom he always called "His Boys."—By O. C. Barker.

DR. GILLIAM: Will you bow with me for a word of prayer.

Our Heavenly Father, we lift our voices in praise and adoration to Thee for Thy love and Thy mercy.

Grant unto us who are still on our pilgrimage and who walk yet by faith, the spirit of love and service to others.

Wilt Thou especially bless the homes of our deceased professional brothers, and guide our feet in paths of usefulness in service, in Christ's name. Amen.

PRESIDENT HUNT: Thank you, Dr. Gilliam, for this very impressive tribute to our deceased brothers.

Any contributions which this administration may have made during the past year have been due solely and entirely to the work and efforts on the part of the other members of the official family, the Committee Chairmen, and the members of the various committees.

The hour is late, but I should like to briefly at this time recognize those other members of the official family.

Dr. A. C. Current of Gastonia, President-Elect. Eddie, we would be glad to hear from you.

DR. CURRENT: President Fred, members of the North Carolina Dental Society and guests: I think that in the days that lie ahead you will hear as much of me as you care to hear.

I want to commend you, Mr. President, for the excellent program you have here and congratulate all who participate in it, and I anticipate enjoying the fellowship and hospitality with you. I thank you. (Applause.)

PRESIDENT HUNT: Thank you, Eddie.

We have one member of the official family whom I could not entice upon the rostrum tonight, but I should like to have him stand at this time—our Vice-President, Dr. Guy Willis of Durham. (Applause.)

The next man whom I shall introduce is one who has had nothing to do, as Sandy said many years ago about me—he just sits around and enjoys himself all during the year and comes to the meetings and has a good time.

I am happy to present Secretary Bernard Walker, who has done a fine job during the past year.

SECRETARY WALKER: Thank you, President Fred.

It is a pleasure to be back again and, at this opportunity, once again I want to thank all the members of all the Districts, their officers and especially their secretaries. My job has been made easier by their good work, and though we have a meeting once a year, I want to assure our guests and each member of every District that it is only through the work which you do in the Districts through the year and the wonderful meetings that you have, and I want to thank you for the hospitality that I received, that we, the official family, received this past year.

Since I am the Secretary at your service, if there is anything I can do, please do not hesitate to call on me. I will try my best. If I can't do it, I can call on one who has given me a lot of advice and a lot of support during the last two years, and that is Dr. R. Fred Hunt. (Applause.)

PRESIDENT HUNT: Thank you, Bernard.

Judging from the appearance here on the rostrum of these charming ladies, you would guess that we are going to have a beauty contest tonight. We have all the ingredients necessary. However, these ladies are here for a more serious purpose. They represent three allied organizations which are holding their meetings in conjunction with that of the North Carolina Dental Society. I refer to the North Carolina Dental Auxiliary, North Carolina Hygienists Association, and the North Carolina Dental Assistants Association.

We are very happy indeed to have you ladies present, and I should like to extend to you, and through you to your organizations, a most cordial invitation to attend any and all sessions of the North Carolina Dental Society.

The North Carolina Dental Auxiliary has made very effective strides since its organization just two years ago. One of the persons who has given so unselfishly of her time and efforts since the very beginning is now serving as its second President. This lady comes from down in the Fifth District. We have long recognized her talents and appreciated them, and I feel certain that this group will, before this meeting is over, agree that we in the Fifth District were correct.

It is my happy privilege to present to you at this time Mrs. Darden Eure, President of the North Carolina Dental Auxiliary. (Applause.)

MRS. DARDEN EURE: Mr. President, members of the North Carolina Dental Society—Dr. Hunt coached me on that and I have been saying it over and over for the last 45 minutes and I hoped I wouldn't forget.

I appreciate Dr. Hunt's remarks, and I just hope you won't be fussing at me too much when this meeting is over.

I would like to say to you and to Dr. Walker that we appreciate so much the help that they have given to the Auxiliary this past year. We

are delighted to be here again, and I want to say to you men that the Auxiliary is just what the name implies. We want to be a helpmeet and a helpmate to the dental profession.

However, there are times when we are not quite sure how we feel about you gentlemen. We feel like the old maid who, receiving attentions from a young suitor for the first time, was primping and flitting and fussing around—and the neighbors wanted to know about it. They said, "Miss Fannie, is this really true love or is it platonic?" Miss Fannie scratched her head a little bit and she said, "Well, I don't know about true love, but I will tell you this—it might be play for him, but it shor' is a tonic for me."

So, I would like to say to you men that these three days we spend in Pinehurst are play for us, and also a tonic for us, but really and truly, you men are our true love. The dental profession is our true love. Anything that boosts the dental profession, we are for 100 per cent.

May God bless you. (Applause.)

PRESIDENT HUNT: We have present tonight another lady representing an organization. This person is the President of the North Carolina Hygienists Association which is a very active and a very impressive group. This is evidenced by the fine program which they have arranged here at this meeting and also by the work that they have carried out during the past few years.

I am very happy at this time to present to you Mrs. Nancy Horton, President of the North Carolina Dental Hygienists Association.

MRS. NANCY HORTON: Mr. President, members of the North Carolina Dental Society, distinguished guests, and friends: I would like to take this opportunity to express my appreciation for the opportunity of meeting with you. We are indeed grateful for the invitation. (Applause.)

PRESIDENT HUNT: Thank you, Mrs. Horton.

The third organization which we have represented here tonight is the North Carolina Dental Assistants Association. This is a group that we are in daily contact with and a group that we could hardly get along without.

I am pleased to present to you at this time the President of this organization, Mrs. Kate Smith.

MRS. KATE SMITH: Mr. President, members of the North Carolina Dental Association. I thought Dr. Hunt was going to say we were two years old. I had begun to think we all up here were just about two years old.

It is indeed a great pleasure to bring you greetings from the Dental Assistants. We will have our meeting at Holly Inn Hotel. Members of all the organizations and visitors are welcome.

Thank you, Dr. Hunt. (Applause.)

PRESIDENT HUNT: Thank you, Mrs. Smith. We have several distinguished guests present tonight that I should like to present. The first is

Mrs. Lillian Hoffman, General Secretary, American Dental Assistants Association, Akron, Ohio. Mrs. Hoffman, will you please stand? (Applause.)

We are happy to have you with us and hope that you enjoy your visit.

The next is Mrs. Alice Grady, St. Augustine, Florida, Sixth District Trustee, American Dental Hygienists Association, President of the Florida Hygienists Association. Mrs. Grady, will you please stand? (Applause.) We are happy to have you.

The next is Miss Gwendolyn Cooper, Dental Hygienist of Miami, Florida. Miss Cooper, will you please stand? (Applause.)

We are very happy indeed to have you ladies present and hope you will avail yourselves of every opportunity at our meeting here.

We have present tonight a person who has been very active in dental circles in North Carolina during the past two years, and especially so during the past year. Knowing that you ladies and gentlemen are interested in the Dental Foundation and the Dental School at the University of North Carolina, I have asked Dean Brauer if he wouldn't bring you up to date, so to speak, on the activities of the Dental School and the Dental Foundation.

I am happy to recognize Dean John C. Brauer.

DEAN BRAUER: Thank you, Dr. Fred Hunt. President Fred Hunt, members of the North Carolina Dental Society, distinguished guests: Before you, or at least under you or somewhere beside you, you have found or seen this particular illustration made available through the courtesy of the Division of Health Affairs. I was particularly anxious to have you take a look at the entire development of the Division of Health Affairs.

In this diagram, you will find dentistry assuming its place within the total framework of the Division, including the Schools of Medicine, Nursing, Pharmacy, Public Health, and the University Hospital. Out in the foyer, you have also seen a replica of the entire building program, that which is now under construction and that which will be completed, and the particular replica out there is built to scale. I think it will give you a very fine idea, an opportunity to see dentistry's place within the total framework of the Division.

The replica that you have seen or will see out in the foyer was made possible through a contribution from the Medical Foundation, from the Pharmaceutical Foundation, from the Dental Foundation, and from the division of Health Affairs. That group of buildings, the replica of the entire Division, was here during the meeting of the North Carolina Medical Association; during the last several days, the North Carolina Bankers Association; presently the North Carolina Dental Society, and I think there is another major Society that will meet here, and then the North Carolina Pharmaceutical Association. From here it will be taken to various areas over the State and will represent dentistry and all of the other units within the Division of Health Affairs.

So, I am particularly pleased to be able to have had a part in its development, as have all of you who have had an interest in it, and all of you who have had an interest in the School of Dentistry.

I am going to be rather brief tonight, but I would like to present a few remarks that I have written, and which will permit us to conserve time as well as to bring out some very specific points.

THE SCHOOL OF DENTISTRY: 1952

Admissions to School:

The school, which first opened its doors in the fall of 1950, now has a total of 75 students of whom 72 are residents of North Carolina. Forty additional students are to be admitted this coming fall (September 1952), and by the beginning of the academic year 1952 (September 1953) the intended capacity of 50 per class will be selected.

The New Building:

Statements, to date, from the contractor and the supervising architect indicate that the building will be ready for occupancy at the beginning of the 1952 fall term. This completion date is essential for the continuity of the teaching program, since the incoming juniors begin their clinical instruction at this time.

Many of you already have learned, that due to increased construction and equipment costs, one section of the top floor designed for graduate and post-graduate education and training will be "roughed-in" with plumbing and electric conduits, and that this area will not be completed at this time. The State Legislature will be asked this coming spring for an additional appropriation to complete this part of the building program.

The original appropriation for building and equipment was established at \$1,000,000. To date, some \$1,300,000 have been expended. The additional sum of \$300,000 was obtained by deferring or modifying other Division of Health Affairs building schedules. This latter statement is an extremely important one, since it exemplifies in word as well as in deed that dentistry is an integral and functioning part of the Division of Health Affairs. It further says that dentistry is an active member of this health team.

It must be emphasized, too, that at the University of North Carolina, the cost of the dental building does not reflect the sizeable cost of the building (housed in Medical Building) and equipment essential for the six well-organized basic science departments, which are found in the clinical buildings of many other schools of dentistry throughout the country, nor does it reflect the sizeable costs of a library and an auditorium. These latter two units (library and auditorium) are common Division of Health Affairs facilities. Furthermore, it is important that the University Hospital be considered an immediate and direct teaching entity of the School of Dentistry. When one considers all of the facilities of the Division of Health Affairs daily used by students and staff of dentistry, a figure far in excess of \$1,300,000 becomes a reality.

Patients for Student Clinics:

Beginning this fall quarter, a new stage of development will be evident in the school, namely the need for patients for student practice. In addition

to the source in the immediate Chapel Hill area, there no doubt will be those who will travel from more distant points. The University Hospital, too, will provide a source of patients from the in-patient list as well as from the out-patients. Plans are underway, whereby all in-patients will have a dental survey, and whereby each day designated members of the dental faculty will receive a list of patients admitted to the hospital. The out-patient department also will have dental coverage.

A correlated and integrated record system now is being planned between the University Hospital and the School of Dentistry. Such records will resolve themselves in many advantages to patients, staff, and students, and they will lead to many inter-related research interests. No place in the country will there be a closer integrated program between the hospital and students of dentistry, and between dentistry and all of the health sciences.

The Faculty:

It is with a great deal of pride that I list and name those members of the faculty already in residence, and those who will come to Chapel Hill in the near future,

Department of Operative Dentistry

1. Dr. Roger E. Sturdevant
2. Dr. Clifford M. Sturdevant
3. Dr. R. Jack Shankle
4. Dr. Clarence L. Sockwell (appointment July 1, 1952)

Department of Fixed Partial Dentures

1. Dr. Claude R. Baker
2. Dr. Monte G. Miska
3. Dr. William T. Burns (part time)
4. Dr. Worth M. Byrd (part time)
5. Dr. Guy R. Willis (part time) (appointment September 1, 1952)

Department of Prosthodontics

1. Dr. Walter A. Hall, Jr.
2. Dr. Mons W. Hellyer, Jr. (resigning June 30, 1952)
3. Dr. John B. Sowter (appointment July 1, 1952)
4. Dr. Ralph F. Campbell (part time)
5. Dr. Lucian G. Coble (part time)
6. Dr. Robert B. Lessem (part time)

Department of Pedodontics

1. Dr. William W. Demeritt, Jr.
2. Dr. Joseph F. Burket (appointment July 1, 1952)
3. Dr. Roy L. Lindahl (appointment September 1, 1952)

Department of Oral Diagnosis and Treatment Planning

1. Dr. Marvin R. Evans (appointment June 1, 1952)
2. Dr. Richard E. Richardson (appointment July 1, 1952)
3. Dr. Glen F. Bitler (appointment July 1, 1952)

Department of Periodontology and Oral Pathology

1. Dr. Grover C. Hunter (appointment July 1, 1952)
2. Dr. J. Wilfred Gallagher (appointment July 1, 1952)

Department of Oral Surgery

1. Dr. Marvin E. Chapin (appointment May 1, 1952)
2. Dr. James E. Hoppers (appointment July 1, 1952)

Department of Public Health and Dental Science

1. Dr. Frank C. Cady (part time)

Faculty Private Practice: Consultation:

One of the great and serious problems in dental education today is the securing of a competent and progressive faculty. The schools of dentistry and medicine throughout the country in the main cannot afford to pay salaries, which will attract and retain outstanding faculty members in the teaching profession. The faculty, rather than the buildings and equipment, is the most important consideration in the development of an outstanding school. While adequate facilities are essential in a good teaching program, the building and the equipment cannot present the instruction. The citizens, the profession, and the University of North Carolina are entitled to the best faculty available, one to which they can point with pride and with every confidence. It must be a faculty wherein the individual members retain their self respect and confidence. It must be a faculty that will continue to make contributions to the advancement of our profession. It must be a faculty, wherein they and their families are happy and contented to live and to work, within the program and framework of the University of North Carolina, and the State of North Carolina. This is the vision and hope that you have so nobly expressed to the Legislature, to the people of the state, and to your own selves.

To help obtain individuals from all areas of the country for the development of such a program, a plan permitting limited private practice and consultation has been designed. This plan was presented and approved by the Advisory Committee to the School of Dentistry of the North Carolina Dental Society, next by the Advisory Board of the Division of Health Affairs, and following this by the University Administration and Board of Trustees.

This plan provides that full-time faculty members may devote a limited amount of time to the conduct of a private practice, when such practice does not interfere with their teaching assignment and other academic responsibilities. One operating room has been provided for each department. Patients for such private practice, who are residents of North Carolina, may be referred to any of the faculty members by another dentist or by a physician. While any individual may present himself for dental service at the University student clinic, only patients who are referred by a dentist or a physician may become private patients of the staff. The plan designed for the medical faculty, as well as for the dental faculty, provides that in no instance will he or she have a total net income from such practice or consultation of more than twice the annual salary. Any excess in income

will be directed into research or departmental needs not covered by state appropriations. The medical schools throughout the country have had comparable plans for years to permit them to attract the finest talent to the schools and teaching hospitals. North Carolina, in adopting this plan for dentistry, has again taken a realistic view of one of the most serious and vital problems in all dental education—the securing as well as retaining faculty members who can and will assume leadership in dental education.

Dental Foundation:

The Dental Foundation, without question, has been one of the greatest motivating influences for the good of dentistry and dental education, not only among our own profession in North Carolina, but within the thinking processes of the University Administration and the people of the state. Your interest, your contribution, and your direct efforts as co-workers in this great movement have stirred the hearts and minds of all dentistry everywhere. The heritage that each of you will have is a monument indeed—a living monument, with a living torch reflecting a light that will go on for generations to come. No group of pioneers, and no group within our profession, of yesterday or today, can boast of a more noble cause. The pages of history will indeed record each of your names as having contributed to the advancement of dentistry. For those who have not found it convenient to date to make a pledge or a contribution to the Dental Foundation, such an opportunity is still available, and it will be available throughout the years to come. There are some who have made a “token” contribution, who are planning to make further provisions either on an annual or via a substantial single contribution.

In a recent meeting in Chapel Hill, the Development Committee submitted the following plan for the continued development of the Foundation:

1. The preparation of a suitable and appropriate card which would be distributed by the Foundation to all dentists of the state. Such a card could be sent to the family of the deceased friend in lieu of flowers, which would indicate that a check had been sent to the “Dental Foundation.” The secretary of the Foundation then would write a note of appreciation to the family, and a copy would be forwarded to the dentist.
2. The preparation of a “Certificate of Recognition” to be presented to all dentists and others who have made a contribution to the Dental Foundation. This certificate, reading as follows, could be displayed prominently in the reception room or in other appropriate areas of the office:

CERTIFICATE OF RECOGNITION

The Dental Foundation of North Carolina

Incorporated November Nineteen Hundred and Fifty

This Certifies That

is a Member and a contributor to the Foundation, which has for its

purpose, aid to dental education and research, thereby contributing materially to the lives, happiness, and general welfare of every citizen of the State and Nation.

Witness our hand and seal this _____ day of _____ 19____.

President

Secretary

I am certain that these plans, as well as others, pertaining to the continued development of the Dental Foundation, will interest all of you—it is your program and your professional home that is in the process of being built. It has been truthfully stated, "*The only thing that you can take with you is what you have given to others.*"

(Applause.)

PRESIDENT HUNT: Thank you, Dean Brauer.

(The President then made several announcements, and the meeting adjourned at 10:15 o'clock p.m.)

MEETING OF THE HOUSE OF DELEGATES

First Session

The first meeting of the House of Delegates was called to order at 10:25 p.m., President Hunt presiding.

As the first order of business the secretary called the roll and declared a quorum present.

PRESIDENT HUNT: First, I should like to take this opportunity to express my appreciation to all members of this House of Delegates for the time that you will devote to this work. I fully believe that this is one of the reasons why the North Carolina Dental Society is the best dental society in the United States—because we have had men down through the years that have been willing to give of their time and efforts towards the upbuilding of this organization.

In order to expedite the business at hand tonight, I shall ask each speaker to stand and give your name clearly and talk slowly and loud so you may be understood. We would like to get every word into the *PROCEEDINGS*.

May I remind you also that this has been a very conservative and economical administration. The expenses, I think you will find, have been at a minimum and I should like to keep them that way. Whether you know it or not, it costs just about three-quarters or rather around one cent for each word you speak in this House of Delegates. Some of you long-winded boys can talk your dues out in just about two minutes, so I shall appreciate it if you will keep that in mind, not only from a financial standpoint, but also in the interest of time saving.

We have a lot of business to conduct and are beginning late, I hope we may complete many of the committee reports tonight. If you will follow those requests I shall greatly appreciate it.

We are now ready for any business that may come before this first session of the House of Delegates.

DR. DARDEN EURE: Mr. President, as Chairman of your Program Committee, we have a program which we hope will be most beneficial. I would like to offer it as published, as the Ninety-Sixth Anniversary Program of the North Carolina Dental Society.

(It was moved and adopted that the program as published be the official program.)

DR. E. A. BRANCH: This is the report of the Council on Dental Health.

The Council on Dental Health of the North Carolina Dental Society wishes to call to your attention two very significant and gratifying developments in the field of dental health.

Unquestionably, since our last meeting, fluoridation has been the major preoccupation in this area. In co-operation with the Society's special Fluoridation Committee the chairman of the State Council on Dental Health and the dental members of the County Boards of Health have promoted this measure diligently. In addition to attending the series of fluoridation forums, the chairman, representing the Council as well as the Division of Oral Hygiene of the State Board of Health, has met with local dental societies, civic clubs, City councils, parent-teacher associations, and other interested groups throughout the State. Fluoridation literature secured from the U. S. Public Health Service has been widely distributed. We expect to see a great reduction in the incidence of tooth decay in North Carolina in a few years when fluoridation has been more widely adopted by municipalities.

A concomitant value in the great interest in fluoridation is that, in the very nature of the case, it focuses attention on dental health. Never before has dental health been the center of so much publicity and, we must admit, controversy. While the pros and cons of fluoridation are being discussed the importance of good teeth is being emphasized, and the public is being made more and more mouth health conscious.

This leads to the second recent significant development, mentioned above and also mentioned in last year's report. That is the very gratifying fact that all of the one hundred counties of the State now provide funds for mouth health education programs.

It cannot be reported that mouth health education programs were conducted in all of the counties. This is due to the need for public health dentists. However, the state school dentists did visit 57 counties conducting programs in 490 elementary schools. The following is a summary of their educational and corrective services.

Number of children-mouths inspected 72,918

Number of underprivileged children receiving dental corrections	30,935
Number of children referred to local dentists	35,983
Number of classroom lectures on Mouth Health	2,086
Total attendance at lectures	80,663

Because of this shortage of public health dentists a plan for providing dental service for underprivileged children has been devised and is sponsored by the Division of Oral Hygiene of the State Board of Health, the State Department of Public Instruction, and the Executive Committee of the North Carolina Dental Society.

The plan enlists the cooperation of local dentists and includes the following provisions:

1. That every dentist practicing in the county will be given the opportunity to participate.
2. That those dentists participating will be asked to set aside not more than two mornings or afternoons of three hours each during any one week for this program.
3. That this service is to be confined to underprivileged children.
4. That a nurse or other representative of the local health department or schools, will transport the underprivileged children to the office of the dentist.
5. That the work is to consist of extractions, simple fillings, prophylaxes, silver nitrate treatments, and the topical application of sodium fluoride, with extractions having priority.
6. That the dentists will furnish their own instruments and materials and are to be remunerated at the rate of \$7.50 per hour or \$22.50 for the morning or afternoon of three hours. In cases of broken appointments, on days that have been agreed upon for the service, the dentist is to be paid as though the appointments had been kept.
7. That the dentist is to record, on blanks provided for the purpose, corrections made for each child. These are to be summarized as to number of hours worked, number of children worked for, and the kinds and numbers of treatments. Two copies of each individual report and two copies of the summary report are to be given by the participating dentist to the local health department, one copy of each report to be given to the local superintendent of schools by the health officer when school health funds are being used to pay dental bills.
8. That when the school dentist supplied by the State Board of Health is unavailable, funds appropriated in the regular health department budget for dental health services may be expended as outlined above.

We want to thank the members of the North Carolina Dental Society

who are co-operating in rendering this service for the contribution they are making to the health and welfare of many underprivileged children of our State.—Ernest A. Branch, Chairman.

Dr. Branch moved the adoption of the report. Report adopted.

DR. A. W. BOTTOMS: I would like to ask Dr. Branch one question.

PRESIDENT HUNT: Dr. Bottoms desires to ask a question.

DR. BOTTOMS: On that \$22.50 for half a day—if you worked, say, four or five hours and another man worked three hours, it doesn't seem fair to me.

DR. BRANCH: That's half a day. That's \$7.50 an hour.

DR. BOTTOMS: But I mean one man works three hours, and another man worked four or five in a half day. It seems to me that he should be paid by the hour and not by the half day.

DR. BRANCH: That's right, but he is not to work more than two half days a week.

DR. BOTTOMS: Say that personally I gave a day's work, eight hours. It is no question to me, but I want to get it by and over with, and I say bring them in.

DR. BRANCH: There is no objection in the world to that, not if you want to put in a full day's work.

DR. BOTTOMS: Yes, but why don't I get paid for eight hours if I worked eight hours? I am not talking about myself, but if I worked eight hours, why couldn't I get paid eight hours just like if the other man worked three hours.

DR. BRANCH: I don't think there would be any objection to that if you didn't want to put in eight hours a day.

DR. BOTTOMS: What I want to do is get mine over with at once.

DR. BRANCH: I don't think there would be any objection to that if you worked it out with those concerned.

DR. BOTTOMS: It isn't a question of just me—just the rule of the thing. I think a man should be paid \$7.50 an hour.

DR. BRANCH: That's right. That's what it says.

DR. BOTTOMS: It is still \$22.50 a half day.

DR. BRANCH: It is \$22.50 for three hours. You are right about that—no difference.

DR. BOTTOMS: It needs correction. It reads \$22.50 a half a day.

PRESIDENT HUNT: For three hours. If you worked for a period of time, you get paid \$7.50 per hour. It is \$22.50 for a half day.

DR. BOTTOMS: In my case—like I say, this is not personal at all—they put me down for \$45 for six hours, and I worked eight hours and saw an awful lot of patients.

DR. BRANCH: No trouble about that, Dr. Bottoms. You get paid eight hours if you put in the eight hours.

PRESIDENT HUNT: Any other questions relative to this work?

DR. W. D. YELTON: I want to ask Dr. Branch—what if you have done extractions and you have two or three chairs where you can work on more children—still so much per hour, makes no difference, as many as you can see in that hour's time or three hours' time? That question has been brought up.

DR. BRANCH: There is only one thing about that. That way, you get the thing so complicated, that it takes a Philadelphia lawyer to keep it straight so that there wouldn't be criticism somewhere, don't you know. That is the only trouble about that. I don't know whether you could work that out, but it might be done.

DR. CLYDE MINGES: It is my understanding, according to Dr. Branch's report here, that the Executive Committee approved this hourly basis plan. I further understand that there is some confusion about it.

In order that the Executive Committee not assume this authority without endorsement by this House of Delegates, I would like to move, sir, that this House of Delegates go on record as approving—endorsing, rather than approving—the action taken by the Executive Committee in regard to the hourly arrangement for the care of indigent children.

The motion was put to a vote and carried.

PRESIDENT HUNT: I shall now accept any committee reports that may come before the House. Dr. Sheffield.

REPORT OF PUBLICITY COMMITTEE

The actual amount of work that your Publicity Committee can do in publicizing the state meeting is very limited. Our committee can only furnish photographs, programs, and sketches on our officers and clinicians. We must depend on professional writers to put this material in news forms in the way of releases. This in turn has given state wide distribution to all Daily and some Weekly newspapers in North Carolina and a few newspapers in Virginia and South Carolina. We are then at the mercy of the newspapers as to whether they print all or a part of the releases as they see fit.

This year we secured, as has been done in previous years, Col. Robert W. Madry and his News Bureau, Chapel Hill, N. C., to write and distribute this material to the press of the state.

The first release appeared in the press of the state on April 3rd; and additional releases, covering the programs of the State Society, the Ladies

Auxiliary, the Dental Hygienists, and the Dental Assistants, appeared at intervals.

Col. Madry handled very ably the convention reporting of the meeting as well as the pre-convention coverage. Your committee wishes to present the publicity which appeared in your local newspapers as evidence of our work.—Neal Sheffield, Chairman.

DR. SHEFFIELD: I move you, sir, the adoption of the report. The motion was adopted.

PRESIDENT HUNT: Thank you, Dr. Sheffield. Dr. Sheffield has for many years done a very fine job as Chairman of the Publicity Committee.

The next report—Dr. Fox of Charlotte.

DR. FOX: Mr. President, on behalf of the Charlotte Dental Society, I wish to propose a change in the Constitution and By-laws of the North Carolina Dental Society. A resolution passed by the Charlotte Dental Society reads as follows:

RESOLUTION.

The Constitution and By-Laws of the North Carolina Dental Society should be amended as follows:

Article VIII—Section 1.

Add: "Dental Assistants Advisory Committee."

Article I of By-Laws

Add: Section 22

Dental Assistants Advisory Committee

This committee shall consist of five members appointed annually by the President, selected so far as possible from communities which have dental assistants' societies.

It shall be the duty of this committee to supervise and advise the state and local Dental Assistants Societies in all their activities.

The Charlotte Dental Society proposes the above amendments to the Constitution and By-Laws of the North Carolina Dental Society and recommends that the first duty of the committee when appointed should be to assist the North Carolina Dental Assistants Society in completely revising their Constitution and By-Laws on a more democratic plan. This should be done as soon as possible since the present Constitution is inadequate and contradictory.

DR. FOX: I also have a petition on the stationery of the Charlotte Dental Assistants Society to the North Carolina Dental Society. This petition is signed by 51% of the membership of the State Dental Assistants' Association.

"From: The Charlotte Dental Assistants Society

To: The North Carolina Dental Society

Whereas:

The present constitution of the North Carolina Dental Assistants' Association is inadequate and contradictory; and the individual members have no right to vote on any matter of business or for the election of officers at their state meetings; and control of the society is vested in a very small group;

We, the undersigned members of the North Carolina Dental Assistants' Association, hereby petition the North Carolina Dental Society to appoint a committee of dentists to revise our constitution and supervise the future activities of our group."

I would like to move that the Constitution of the North Carolina Dental Society be amended as written here.

PRESIDENT HUNT: I do not believe a motion is in order since this involves a constitutional change. If there is no objection, I shall refer it to the Committee on Constitution and By-Laws and ask that they make a report at the next meeting of the House of Delegates.

You will remember, gentlemen that in order to change the Constitution and By-Laws at any annual session, it is necessary to present the matter at one meeting of said session as a matter of information and it shall be voted upon at the next meeting of said session and will require 90% consent. The members of the Constitution and By-Laws Committee will take due notice thereof and act accordingly.

PRESIDENT HUNT: Dr. C. C. Poindexter, Chairman of the Prosthetic Dental Service Committee.

REPORT OF PROSTHETIC DENTAL SERVICE COMMITTEE

Thus far, since the American Dental Association and the North Carolina Dental Society has had the program of accrediting commercial dental laboratories there has been an increase in the number of such places applying for, and receiving certificates. This indicates the continued interest and growth in the program. The past year, as in previous years, it has been a pleasure for my committee to work with the laboratory industry.

C. C. Poindexter, Chairman

DR. POINDEXTER: I move adoption of the report. Report adopted.

PRESIDENT HUNT: The Advisory Committee for Veterans Administration, Dr. John R. Pharr.

REPORT OF THE ADVISORY COMMITTEE TO THE VETERANS ADMINISTRATION

We have not had a meeting, all of our business has been through correspondence.

Our opinion and advice was requested from the Veterans Administration about one case only this year. This required the chairman to make a copy of three typewritten forms such as the Veterans Administration uses in order to bring the members fully up to date regarding the case. A reply was necessary to vote on the case, all replied except one. This information was sent to the Veterans Administration. In six weeks I received another communication from the Veterans Administration advising us as to their disposition of the case. This information was immediately relayed on to every member of the committee.

I want to thank every member of this committee for their promptness in everything requested by the Chairman.—John R. Pharr, Chairman.

DR. PHARR: I move adoption. Motion was seconded, voted upon and carried.

DR. PHARR: While I am on my feet, may I offer a resolution? As Chairman of the Advisory Committee for the Veterans Administration Program in consultation with the Chief of Dental Service of the Regional Veterans Administration Office, as well as some of the consultants, we believe that the demand on this committee may be greater in the future than in the past. With this in mind, we should like to present a resolution which we believe will be for the good of the Society and its members in our efforts to cooperate with the Veterans Administration Program. We, therefore offer the following.

RESOLUTION REGARDING VETERANS' COMMITTEE

WHEREAS dental treatment for veterans by participating dentists in North Carolina is an accepted program and procedure in a large majority of the offices in the state, and that such participation in all probability will continue for an extended period of years, and

WHEREAS it is not only desirable but essential that the North Carolina Dental Society be appraised currently of the trends, problems, and policies affecting the profession, the Veterans Administration, and the veteran, and

WHEREAS the Regional Office in Winston-Salem not only desires but encourages co-ordinated planning between the North Carolina Dental Society and the representatives of the Dental Division of the Regional Office, and

WHEREAS special problems and cases arise which warrant the counsel and assistance of the Veteran's Committee of the North Carolina Dental Society, and

WHEREAS the present Committee is designated a special committee, which has rendered and is rendering a most worthy service to the Society and to the Veterans Administration and is subject to change of membership from time to time, and

WHEREAS the entire program of dental treatment for the veteran is complex and has such a great influence upon the practice and lives of all dentists, therefore,

BE IT RESOLVED: that Article VII, Section I, of the Constitution, and Article I of the By-Laws be amended to include the Advisory Committee for Veterans Administration Program as a standing committee.

Submitted by

Bernard N. Walker
Thomas G. Nisbet
John R. Pharr

PRESIDENT HUNT: Thank you Dr. Pharr. Inasmuch as your resolution involves a constitutional change, if there is no objection, I shall refer it to the Committee on Constitution and By-Laws and ask the committee to report at the next meeting of the House of Delegates.

DR. F. O. ALFORD: I have the report of the Board of Dental Examiners consisting of several pages. It is the same report that I made to the Governor in February, with the financial statement. I would like to present that by title, if I may.

DR. PAUL JONES: I move it be accepted.

The motion was seconded, put to a vote and carried.

BOARD OF DENTAL EXAMINERS

February 14, 1952

To His Excellency

W. Kerr Scott

Governor of North Carolina

Raleigh, North Carolina

Sir:

In accordance with the provisions of the dental law I wish to hand you herewith a report of the proceedings of the North Carolina State Board of Dental Examiners for the calendar year 1951.

Three meetings have been held during the year.

A special meeting of the Board was held at the Carolina Hotel, Pinehurst, North Carolina on May 1, 1951, for the purpose of considering rules of the Board with respect to dental interns, dental externs and dental residences in the hospitals of North Carolina. After freely discussing this matter the Board decided to have its attorney, Mr. I. M. Bailey, to draft rules for the Board to cover these services in the hospitals. This rule was to also stipulate the hospitals which would be approved for dental internship and residences. Upon investigation, it was learned from the Attorney General

that the dental law does not provide for the dental intern, dental extern nor dental residences, therefore no rules were drafted to cover these branches of dental service.

The Winston-Salem dental hygienist program was discussed. Dr. E. A. Branch of the State Board of Health was invited before the Board to explain whether the hygienist working in the public schools was an employee of the State Board of Health, which is required by law. He explained that the Winston-Salem City Health Department is a co-operative department with the State Board of Health. A part of the salary for this program comes from the State Board of Health, so it could be construed that the hygienist is employed by the agency.

The Secretary was instructed to write to Dr. W. F. Yelton of Winston-Salem concerning publicity given his employee, Mrs. E. J. Blakely, a dental hygienist, in the Winston-Salem Journal on January 21, 1951, stating that "dental hygienists are licensed to treat minor gum conditions." Dr. Yelton made a satisfactory explanation to the Board that such violations had not been practiced in his office. A copy of the dental law was sent to him for his information.

Routine matters were discussed and disposed of. Drs. C. W. Sanders and W. M. Matheson, newly elected members of the Board were invited to attend this meeting for observation.

The North Carolina State Board of Dental Examiners held its seventy-first annual meeting for the examination of applicants for licensure at Raleigh, North Carolina, beginning Monday morning, June 25, 1951, at nine o'clock. All members of the Board were present.

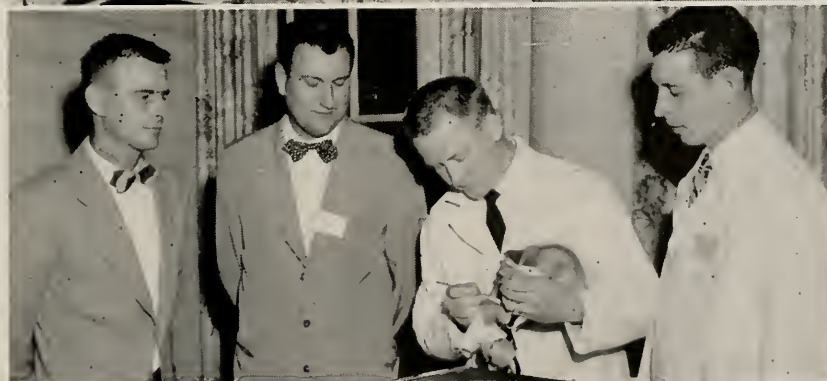
Eighty-six applications for the dental examination and eight applications for the dental hygiene examination were examined and found in order. The applicants having complied with the requirements of the Board were permitted to take the examinations. Five of the applicants failed to present for examination. Two of the applicants withdrew from the examinations on Monday night, June 25th, without completing the examinations.

The theoretical examinations were given in the Hall of the House of Representatives in the State Capitol. The clinical examinations were held in the Ball Room of the Carolina Hotel.

Dr. Charles B. Hall of Washington, D. C., who held original license No. 1330, issued June 15, 1931, made application for the reinstatement of his license. The Board voted to reinstate his license.

A suggestion was presented to the Board that the teachers in the Dental School of the University of North Carolina be given license without examination. The Secretary was requested to confer with the Attorney for the Board concerning the legality of this practice. It was the attorney's opinion that all applicants for licensure should be given an examination and treated alike, without discrimination.

A committee composed of Dr. A. T. Jennette, Dr. C. W. Sanders and Dr. Frank O. Alford was appointed to confer with Mr. T. W. Bruton,



Views of clinics held Tuesday, May 13, 1952.

Assistant Attorney General, concerning the needed changes in the dental law, to permit dental externs, interns and residences in the hospitals of North Carolina. This committee met and it was the opinion of Mr. Bruton that the law would have to be amended to provide for this training. He suggested that a bill be drafted to cover this phase of dental training and presented to the next session of the Legislature for enactment.

At a meeting held Tuesday night, June 26, Dr. A. T. Jennette was elected President for the ensuing year. Dr. Frank O. Alford was re-elected Secretary-Treasurer.

Dr. C. W. Sanders and Dr. W. M. Matheson were elected to membership of the House of Delegates of the North Carolina Dental Society.

Dr. Wilbert Jackson and Dr. Frank O. Alford were elected delegates to the meeting of the American Association of Dental Examiners to be held in Washington, D. C., in October, 1951.

The Board voted to meet in Raleigh, North Carolina at the Carolina Hotel, Saturday and Sunday, July 21 and 22 for the purpose of tabulating the grades of the applicants examined at this meeting.

The third meeting of the Board of Dental Examiners was held at the Carolina Hotel, in Raleigh on July 21 and 22 to tabulate grades of applicants for dental and dental hygiene licensure who were examined on June 25, 1951.

All Members were present.

The results of this tabulation revealed that the following applicants for dental licensure, having made an average of 80 or more, had passed a successful examination and were therefore entitled to receive license to practice dentistry in North Carolina:

License No.

2051—Albert William Hargrove	Elizabeth City
2052—Max Richard Garber	Albemarle, N. C.
2053—Kenneth Benbow Moser	Winston-Salem, N. C.
2054—Freeman Cluff Slaughter	Kannapolis, N. C.
2055—James Stockton	Washington, D. C.
2056—Marcellus Monroe Forbes, Jr.	Decatur, Ga.
2057—Roy William Wilson	Charlotte, N. C.
2058—Hobert Lee Perdue	High Point, N. C.
2059—William Lewis Woody	Gastonia, N. C.
2060—William Murchison Ditto	Charlotte, N. C.
2061—John Thomas Adair	Newton, N. C.

- 2062—William Earl Rasberry Farmville, N. C.
2063—Webster Buie Geiger Mendenhall, Miss.
2064—Clarence Lorenzo Shoffner Greensboro, N. C.
2065—William Levi Callahan, Jr. Asheville, N. C.
2066—Charles S. Sruggs Snow Hill, N. C.
2067—Lewis Tillman Rogers Charlotte, N. C.
2068—John Horton Dowdy Rocky Mount, N. C.
2069—Max Wilson Carpenter Rutherfordton, N. C.
2070—Fred Henry Chandler Spencer, N. C.
2071—Ira P. Efird, Jr. Oakboro, N. C.
2072—Benjamin Pettus Robinson, Jr. Gastonia, N. C.
2073—Jay Baxter Caldwell Concord, N. C.
2074—Dale Hamilton Butcher Emory Univ., Ga.
2075—William Ernest Dill Winter Garden, Fla.
2076—Donald Lentz Henson Greensboro, N. C.
2077—Clifford Ray, Jr. Baxley, Ga.
2078—John Donald Stephens Richmond, Va.
2079—Oswalt John Freund Albemarle, N. C.
2080—William Russell Ragsdale Rome, Ga.
2081—Gibbs McAdoo Prevost Memphis, Tenn.
2082—Alvin Ernest Underwood Carthage, N. C.
2083—Dellmer Bernheirn Seitter, Jr. Wilmington, N. C.
2084—Claude Rowe Baker Chapel Hill, N. C.
2085—Carlton Eugene Gregory Callands, Va.
2086—John Flower Johnson Elizabethtown, Ky.
2087—Calvin Bennett Corey, Jr. Richmond, Va.
2088—John Reece Funderburk, Jr. Pageland, S. C.
2089—John Scially Chapel Hill, N. C.
2090—Clarence Carlton Hale Goldsboro, N. C.
2091—Mons Wm. Hellyer, Jr. Chapel Hill, N. C.
2092—John David Southworth Colonial Heights, Va.
2093—Clifford Max Sturdevant Chapel Hill, N. C.

- 2094—Fenton Sims Cunningham Asheville, N. C.
2095—Roland Erastur Goode Rutherfordton, N. C.
2096—Curtis Eugene Patterson Kannapolis, N. C.
2097—Frank H. Mozena Kinston, N. C.
2098—Jules Walker Smythe Bristol, Tenn.
2099—William Parks Laxton Ann Arbor, Mich.
2100—Lacy Haywood Caple Laurinburg, N. C.
2101—Perry Marshall Matz Havertown, Pa.
2102—Edwin Frederick Slott Milwaukee, Wis.
2103—Justin Lytle Jones, Jr. Eastman, Georgia
2104—Carl Wesley Dickens Castalia, N. C.
2105—Thomas Hardy Darden Ahoskie, N. C.
2106—Baxter Boone Sapp, Jr. Raleigh, N. C.
2107—Eugene Shipman Armstrong Spartanburg, S. C.
2108—William Leonard Nufer Goldsboro, N. C.
2109—John Harold Dearman Harmony, N. C.
2110—Giltz Wymer Croley Johnson City, Tenn.
2111—James Bartley Elliott Kingsport, Tenn.
2112—Millard McKinley Bartlett Hunt Dale, N. C.
2113—Gordon Lee Alderman Syracuse, N. Y.
2114—Charles M. Stephenson Havertown, Penn.
2115—James Eugene O'Brien, Jr. Washington, D. C.
2116—Nathan Cooper Hall Bristol, Tenn.
2117—Earl Ray Eds Bluff City, Tenn.
2118—Robert Jack Shankle Atlanta, Ga.
2119—Reuben Jack Missimer Elizabethton, Tenn.
2120—John Emmett Moses Belmont, N. C.
2121—Otis Rogers Butler Barnesville, Ga.
2122—Ralph Edgar Kilpatrick Beaver Falls, Penn.
2123—James Barry Cloyd Ft. Campbell, Ky.
2124—Walter Alexis Hall, Jr. Chapel Hill, N. C.
2125—Roger E. Sturdevant Chapel Hill, N. C.

- 2126—John Jerome Schneider Asheville, N. C.
 2127—John Winfred Talley Memphis, Tenn.
 2128—Robert Ward Bagby Johnson City, Tenn.
 2129—Clarence Neal Smith Winston-Salem, N. C.

The following applicants for dental hygiene licensure, having made an average of 80 or above were declared entitled to receive license to practice dental hygiene in North Carolina:

- 28—Margaret Louise Jones Kannapolis, N. C.
 29—Emma Elizabeth Mills Winston-Salem, N. C.
 30—Alice Lucille Williams Gastonia, N. C.
 31—Martha R. Stimpson Burgaw, N. C.
 32—Elanor Jean Hiener Wheeling, W. Va.
 33—Nancy Lee Kain Wheeling, W. Va.

The following applicants for dental hygiene licensure having made an average of less than 80 were declared to have failed the examianition:

- Phillis Margaret Dykes Bristol, Tenn.
 Ruth Mae McDonald Charlotte, N. C.

The Board has investigated two reported violations of the dental law during the year, but had not been able to secure evidence sufficient for indictment.

At a meeting of the North Carolina Dental Society held in Pinehurst, North Carolina, April 30, 1951, Dr. W. M. Matheson of Boone, North Carolina was elected to succeed Dr. Walter E. Clark, and Dr. C. W. Sanders of Benson, N. C., was elected to succeed Dr. D. L. Pridgen as members of the Board of Dental Examiners.

I am enclosing herewith a financial statement as of January 1, 1951, to December 31, 1951, which was compiled by a Certified Public Accountant.

F. O. Alford, Secretary-Treasurer

NORTH CAROLINA STATE BOARD
 OF DENTAL EXAMINERS
 OFFICERS

PRESIDENT

A. T. Jennette Washington

SECRETARY-TREASURER

Frank O. Alford Charlotte

MEMBERS

Wilbert Jackson Clinton

E. M. Medlin Aberdeen

W. M. Matheson Boone

Cleon W. Sanders Benson

February 14, 1952

Dr. A. T. Jennette, President,

North Carolina State Board of Dental Examiners,

Washington, N. C.

Dear Sir:

We have examined the Balance Sheet of the North Carolina State Board of Dental Examiners as of December 31, 1951 and the related statement of cash receipts and disbursements for the year ended that date, and have examined and tested accounting records and other supporting evidence, by methods and to the extent we deemed appropriate. Our examination was made in accordance with generally accepted auditing standards applicable in the circumstances and included all procedures which we considered necessary.

In our opinion, the accompanying Balance Sheet of North Carolina State Board of Dental Examiners and the related statement of cash receipts and disbursements, present fairly the financial position at December 31, 1951, and the result of its financial operations for the year, in conformity with generally accepted accounting principles applied on a consistent basis.

The following is an index of the Exhibits and the Schedules contained herein:

EXHIBIT A—BALANCE SHEET AS AT DECEMBER 31, 1951

EXHIBIT B—CASH RECEIPTS AND DISBURSEMENTS FOR THE YEAR ENDED DECEMBER 31, 1951

Schedule A-1—Reconciliation of Cash—December 31, 1951

Schedule B-1—Examination and Clinic Expenses For the Year Ended December 31, 1951

Schedule B-2—Per Diem and Travel Expenses For Year Ended December 31, 1951

Respectfully submitted, George E. Dombhart, C. P. A.



Past President's breakfast and guests.

EXHIBIT A

NORTH CAROLINA BOARD
OF DENTAL EXAMINERS
DR. FRANK O. ALFORD, SECRETARY-TREASURER

BALANCE SHEET

DECEMBER 31 1951

A S S E T S

CASH

On Hand.

In Office\$ 288.00

In Bank:

Union National Bank—Charlotte, N. C. 979.85 \$1,267.85

TOTAL ASSETS \$1,267.85

LIABILITIES AND SURPLUS

Total Liabilities\$ 0

Surplus\$1,267.85

TOTAL LIABILITIES AND SURPLUS\$1,267.85

EXHIBIT B

NORTH CAROLINA STATE BOARD
OF DENTAL EXAMINERS
DR. FRANK O. ALFORD, SECRETARY-TREASURER

CASH RECEIPTS AND DISBURSEMENTS

YEAR ENDED DECEMBER 31 1951

CASH BALANCE AT JANUARY 1, 1951.....\$1,629.86

CASH RECEIPTS DURING YEAR

1951 Dental Licenses Issued—43\$ 86.00

1951 Hygienist Licenses Issued—4 8.00

1952 Dental Licenses Issued—1051..... 2,102.00

1952 Hygienist Licenses Issued—28	56.00	
Examination Fees—93	1,860.00	
Sale of Mailing Lists	20.00	
Duplicate of Original License Issued	2.00	
Penalty For Late Application	3.00	
Reinstatement Fees	16.00	4,153.00
TOTAL CASH AVAILABLE		\$5,782.86

CASH DISBURSEMENTS DURING YEAR

Salaries:

Dr. Frank O. Alford—Sec.-Treas.....	\$ 300.00	
Miss Melba Treadway—Assist. Sec. ...	300.00	\$ 600.00

Per Diem and Travel Expense—

State Board (Schedule B-2).....	1,324.40
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Examination and Clinic Expenses—

(Schedule B-1)	1,128.02
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Postage	125.00
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Stationery, Printing and Office Expense	563.44
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Legal Expense	100.00
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Auditing	50.00
----------------	-------

Telephone and Telegraph	164.05
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Intangible Tax on Bank Account	1.94
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Miscellaneous Supplies	38.36
------------------------------	-------

Dues—American Association of Dental Examiners	55.00
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Equipment:

Underwood Typewriter	110.00	
Cardvertiser	254.80	364.80
		4,515.01

CASH BALANCE AT DECEMBER 31, 1951:

Bank Balance	979.85	
Cash on Hand	288.00	1,267.85

SCHEDULE A-1

RECONCILIATION OF CASH

DECEMBER 31, 1951

CASH ON HAND

In Office	\$ 288.00
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CASH IN BANK

Union National Bank—Charlotte, N. C.

Balance as per Bank Statement	\$1,271.85
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Less—Outstanding Checks:

NUMBER	AMOUNT		
280	\$ 49.00		
283	243.00	292.00	979.85

TOTAL CASH AS SHOWN BY EXHIBIT A	\$1,267.85
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SCHEDULE B-1

NORTH CAROLINA STATE BOARD

OF DENTAL EXAMINERS

EXAMINATION AND CLINIC EXPENSES

YEAR ENDED DECEMBER 31, 1951

Room for Examination (Carolina Hotel Ball Room)	\$ 280.00
Rooms, Meals and Incidentals for Board Members	352.51
Nurse and Secretary	60.00
Laundry Service	53.63
Janitorial Service	51.00
Electric Wiring for Equipment in Clinic	10.00
Storage and Moving of Equipment to Clinic	59.62
Insurance on Equipment	5.00
Advertising for Free Clinic and Notices of Meeting	32.03
Light Bulbs	2.98
Room and Meals—Grading Applicants	137.82
Supplies for Clinic (Rubber Moulds and Teeth)	83.43
TOTAL AS SHOWN BY EXHIBIT B	\$1,128.02

SCHEDULE B-2

NORTH CAROLINA STATE BOARD
OF DENTAL EXAMINERS

PER DIEM AND TRAVEL EXPENSE

YEAR ENDED DECEMBER 31, 1951

Dr. Walter E. Clark:

Per Diem	\$ 180.00	
Travel	52.00	
Meals	4.00	
Printing Questions for Examination	7.00	\$ 243.00
		<hr/>

Dr. D. L. Pridgen:

Per Diem	\$ 180.00	
Travel	12.00	
Meals	4.00	
Printing Questions for Examination	7.00	203.00
		<hr/>

Dr. Wilbert Jackson:

Per Diem	\$ 180.00	
Travel	13.00	
Meals	4.00	
Printing Questions for Examination	7.00	204.00
		<hr/>

Dr. A. T. Jennette:

Per Diem	\$ 190.00	
Travel	21.00	
Meals	4.00	
Printing Questions for Examination	7.00	222.00
		<hr/>

Dr. E. M. Medlin:

Per Diem	\$ 180.00	
Travel	15.00	
Meals	4.00	
Printing Questions for Examination	7.00	206.00
		<hr/>

Dr. Frank O. Alford:

Per Diem	\$ 190.00	
Travel	31.60	
Meals	4.00	
Printing Questions for Examination	7.00	232.60
		<hr/>

Dr. Cleon W. Sanders:

Per Diem	\$ 10.00	
Travel	3.80	13.80
		<hr/>

TOTAL PER DIEM AND TRAVEL EXPENSE

AS SHOWN BY EXHIBIT B.....	\$1,324.40
	<hr/>

PRESIDENT HUNT: Dr. Branch, chairman of the Housing Committee.

REPORT OF HOUSING COMMITTEE

I wish to report the following expense:

800 Three cent stamped envelopes, printed with return address by the U. S. Post Office	\$29.32
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W. Howard Branch, Chairman

DR. BRANCH: I move adoption. The report was adopted.

PRESIDENT HUNT: I would like to thank Dr. Branch for the fine job he has done this year and for the past several years.

PRESIDENT HUNT: Dr. Gilliam has the floor.

DR. F. E. GILLIAM: As Chairman of the State Necrology Committee, I would like to suggest that after the Memorial Reports are read of the members that have died during the past year, that we give the names of the other dentists that are not members at the time and their addresses be read after the regular Memorial Reports.

PRESIDENT HUNT: You refer to the non-members of the North Carolina Dental Society?

DR. GILLIAM: That's right, in order to give them some recognition.

PRESIDENT HUNT: Do you make that in the form of a motion?

DR. GILLIAM: I will be glad to do so. I so move.

PRESIDENT HUNT: Is there a second?

DR. POINDEXTER: I second the motion.

PRESIDENT HUNT: All in favor, please say Aye.

DR. MINGES: Doctor, I doubt the wisdom of that and I have a great deal of respect, certainly, for Dr. Gilliam and all deference for the men that he refers to, but it does seem to me that those men have lived and certainly have received many things which the North Carolina Dental Society has done for them, and they have done nothing in return. They have not shown their appreciation, and I just wonder if we want to do that. I am not being ugly either, when I say that. Those men have had the opportunity of being members of this and sharing some of the expense, and they haven't done it, and I don't say that we owe it to them to respect them after they are dead.

PRESIDENT HUNT: As I stated in the beginning, I would not call for a discussion of these reports in order to expedite the meeting. If there is discussion on any report, we shall be glad to hear it.

DR. POINDEXTER: I think what Dr. Gilliam had in mind was that a man who has never been a member is not obligated to receive any recognition, but we have a number of people who have been in the Society from year to year and may be out, but if he has been a member—

PRESIDENT HUNT: Would you like to amend that—that he at one time has been a member of the North Carolina Dental Society?

DR. GILLIAM: Yes, sir.

PRESIDENT HUNT: Will the second accept that amendment?

DR. POINDEXTER: Yes.

DR. MINGES: Would you limit that to ten years?

DR. Z. L. EDWARDS: I would like to call attention to this, that By-Laws, Section 13, under the heading of Necrology Committee:

"The Necrology Committee shall report the list of deceased members and give such biographical sketches and offer such resolutions as may be considered proper." It doesn't include non-members.

PRESIDENT HUNT: Thank you, Dr. Edwards. Dr. Gilliam, according to that, it would involve a constitutional change. If you desire such, I shall refer it to the Constitution and By-Laws Committee for further action.

DR. GILLIAM: I had in mind the ones that had been members. I meant to offer it as a suggestion for discussion. If there is any opposition, I will be glad to withdraw

PRESIDENT HUNT: I believe, sir, that since the Constitution and By-Laws definitely state who shall be honored that we will have to abide by that ruling until such time as we change it.

The Hospital Dental Service Committee, Dr. K. L. Johnson.

REPORT OF HOSPITAL DENTAL SERVICE COMMITTEE

The activities of this committee have been somewhat limited this year.

Information relative to establishing dental departments in hospitals has been requested by several hospitals and dentists. This information was supplied.

Your Chairman attended the organizational meeting of the dental staff of the Johnston County Memorial Hospital. This staff is now well organized and is functioning in a creditable manner to both the hospital and dental profession.—K. L. Johnson, Chairman.

DR. JOHNSON: I move adoption of this report. Report adopted.

PRESIDENT HUNT: The next report?

DR. G. L. HOOPER: I don't want to propose making an official report, but I would like you boys to know that I performed my duty.

I was appointed Delegate to the North Carolina Medical Society at the Annual Meeting last week, here at Pinehurst. I attended that meeting and have had no other meeting.

I would just like to get that in the record that I did attend the meeting.

PRESIDENT HUNT: Thank you, Dr. Hooper. We appreciate you representing us at that time.

Are there any other reports at this time?

SECRETARY WALKER: I have the report of the Extension Course Committee.

Is any member of Dr. McFall's Committee here? (No response.)

PRESIDENT HUNT: Just go ahead and read it.

SECRETARY WALKER: I would like, since it is lengthy, to report it in title. I move adoption by title. Motion adopted.

REPORT OF THE EXTENSION COURSE COMMITTEE

Every member of our committee has been written to and asked to make suggestions, recommendations, and to supplement this report as per the needs, desires and wishes of the membership in North Carolina on a local, district and statewide level. This should, therefore, be a composite report.

Other years' proceedings show what has been done formerly, of the suggestions, plans and motivation of previous years' reports on Extension Courses.

Your committee begs leave to report as follows—

1. Historically North Carolina was and is one of the very first states to originate, organize and promote an Extension Course at certain strategic points all over North Carolina. This original work was done through the

University of North Carolina Extension Division. Outstanding essayists, clinicians and lecturers of note were brought to North Carolina from Northwestern University, University of Michigan and from other schools and cities to share with our membership their methods, techniques, etc.

2. The Illinois Telephone Courses have been given in North Carolina now for three years. The membership's appreciation and benefits are incalculable for at the several centers where they are held each month for six months of the year, the attendance has held up and increased. Many have signed up for 1952-1953 now.

3. It is sincerely hoped that since we do now have our own dental college at Chapel Hill, N. C., that increasingly both graduate and post graduate courses may be offered our membership on an Extension Course basis. Dean Brauer and his staff will cooperate, will help arrange these courses from time to time as the demands increase, the time and facilities can be mutually worked out, and much is anticipated in the future on this score.

4. Our State Officers and District Society Officers and Committee Chairmen have insisted and urged and encouraged our membership to attend the outstanding Dental Meetings such as ADA, Chicago Midwinter, N. Y. Better Dentistry, Hinman Midwinter, The Washington PG Meeting, and many, many others. Since North Carolina has had many SPECIALIZED GROUP MEETINGS to hold annual meetings, all our membership has been urged to attend such as the Southern Society of Periodontology will meet in Asheville, N. C., May 25-28th, 1952, The Southern Society of Orthodontists in Asheville, August 10th-13th, 1952, and as many others as may convene. The N. C. Dental Society membership takes an active interest in its college Alumni Dental Meetings and fosters and encourages our membership's attendance if at all possible.

5. Many of our members take and are taking short PG Courses at Universities and Dental Colleges. District Meetings held annually and in many, many sections of our state, Study Clubs meeting monthly are held for improvement of our membership's methods and techniques. Cooperative and coordinated programs have been sponsored this year and will in the future on fluoridation of communal water supplies and other important phases of our dental health subjects. We urge an increasing interest in all these endeavors. Organize local and tri-city or county Study Clubs, use the faculty at University of N. C. and other outstanding essayists and clinicians.

6. As our membership's demands for more united and cooperative endeavors present themselves from time to time, it appears likely that the imperative need for a one or two day WORKSHOP PLAN of meeting where representatives from EACH AND EVERY DISTRICT DENTAL SOCIETY and section of our great state come together with especially well qualified and capable leaders, instructors, and forum discussors, to discuss, reason together, plan and motivate plans for a local, district and statewide endeavor along similar lines of other cities, districts and states.

This WORKSHOP PLAN has been utilized most successfully in Georgia, in Tennessee, in Michigan, Louisiana, Texas and many, many other

states. The time of the meeting can be planned to coincide with the annual meeting (a few days in advance or following the annual meeting to utilize those appearing as guest essayists and clinicians if desired) or at the time of the annual District Society Meetings held all over North Carolina; or at the time of the annual meeting of the Officers and Committee Chairmen held at Pinehurst each January or thereabouts.

7. Finally, in many states a coordinated and financially agreeably mutually satisfactory course may be worked out where one, two or three instructors, (as many as desired, as can be adequately utilized and heard and financed) come to some four or five strategically located centers all over the state of North Carolina for a one day and one night meeting where no dentist or his assistant or hygienist would of necessity have to travel too far, to avail ourselves of the latest and best known methods, techniques, and most modern of theories, plans or dental technic now or then known. The cost of these courses on an Extension Basis is of course predicated upon how many, how long used, instructors we may employ. The actual expenses are often split by the State Dental Society and the State Board of Health, The University of North Carolina, and of course the individual member in good standing availing himself of these courses. In most states where now being utilized, they are promoted during the summer months when university professors or outstanding dental lecturers and teachers may be more easily accessible for long periods of time away from offices, dental schools, etc.

Your EXTENSION COURSE COMMITTEE FOR 1951-1952 appointed to serve this year by Dr. Fred Hunt our president, enthusiastically presents this report to our House of Delegates and Membership for any information, action, inspiration, they may see fit to make of these SEVEN suggestions to better benefit our membership in its quest for future study, improvement and advancement.—Walter T. McFall, Chairman.

PRESIDENT HUNT: The next report. Dr. John C. Brauer.

REPORT OF FLUORIDATION COMMITTEE NORTH CAROLINA DENTAL SOCIETY

Your president, Dr. R. Fred Hunt, appointed a Special Committee, known as the Fluoridation Committee, which had for its assignment and objective the dissemination of information regarding the role of fluorides in communal water supplies, and further the motivation of activities and programs which would encourage the use of such fluorides. District Chairmen, as well as City Chairmen, were designated, wherein the primary emphasis would be directed to cities over 5,000 in population. The list of names of committeemen, numbering 54, is attached.

The Chairman wishes to express his appreciation for the splendid work and tireless effort directed to this project on the part of the committeemen. Significant leadership in public and professional relations was exemplified in all areas of the state.

The attached table lists a report of 46 cities and towns throughout the state, wherein 23 have formally approved the fluoridation of their re-

spective communal water supplies. Twelve additional cities now have their projects pending before the city councils. Six cities have, through their city councils, elected to defer the program pending further consideration.

While only 23 cities to date have formally approved the program, this number does in no way represent the real interest and the favorable values which have accrued from this committee's function. Credit for this accomplishment also must be directed to several hundred other dentists throughout the state who volunteered or who assisted in one or more capacities. Dentistry, the first time in its history, presented its interest, its views, and its recommendations for a mass preventive program, and thereby illustrated in another way its stature as a great health profession.

Literally hundreds of thousands of people were reached through the press, the radio, and the spoken word before civic clubs, community organizations, and city councils. Thousands upon thousands of lines, including headlines, were written about dentistry on the front pages and other sections of North Carolina's newspapers. How much money would have been required to gain a comparable amount of favorable publicity no one will ever know—it would represent a vast sum. Another significant fact is that the dental and medical professions joined hands in this great movement.

It is the opinion of the Chairman, that a comparable committee should be appointed for the coming year to follow through on the present program.

The Chairman would like to pay real tribute to President Fred Hunt, for his vision, and his timely and effective appearances before many audiences in the sponsorship of this significant program. — John C. Brauer, Chairman.

PRESIDENT HUNT: You are not a member of the House of Delegates?

DR. BRAUER: That is right.

DR. YELTON: I move adoption. The motion was seconded, voted upon and carried.

PRESIDENT HUNT: I should like to take this opportunity to express my appreciation, Dr. Brauer, for the very efficient and fine work that you have done during this past year as Chairman of the Fluoridation Committee. Dr. Brauer has made many appearances throughout the state.

Gentlemen, if we fail to gain any dental health benefits from the fluoridation program, we have received public relations benefits that could not have been purchased at any price. We have had headlines on the front pages of many newspapers, and they have been very favorable headlines, and I am indeed grateful to Dr. Brauer and to all members of the Committee who have worked so diligently in carrying out this program. Is there another report at this time?

PRESENT STATUS OF FLUORIDATION OF WATER SUPPLIES IN NORTH CAROLINA

Name of City	Committee Member Reporting	Status Pending City Council Action	City Council Vote to Defer Program	To Be Submitted to Vote of People	Indefinite Status	Fluoridation Approved
1—Hendersonville, C. B. Taylor		*				
2—Hickory, D. Abernethy						*
3—Greenville, M. B. Massey						*
4—Albemarle, F. M. Stonestreet		*				
5—Asheville, C. A. Pless		*				
6—Lexington, O. R. Hodgins						*
7—Thomasville, O. R. Hodgins						*
8—Wilmington, H. K. Thompson		*				
9—Raleigh, R. Chamblee			*		*	
10—Forest City, R. R. Howes		*				
11—Newton, M. R. Barringer		*				
12—Belmont, W. H. Breeland			*	*		
13—Cramerton, W. H. Breeland					*	
14—Mt. Holly, W. H. Breeland		*				
15—Statesville, Glenn A. Lazenby		*				
16—Roanoke Rapids, R. A. Daniel, Jr.						*
17—Washington, Z. L. Edwards		*				
18— Mooresville, B. Brawley						*
19—Edenton, W. I. Hart (Has 0.77 now in water supply—natural)						*
20—Concord, J. P. Reece						*
21—Dunn, G. L. Hooper						*
22—Reidsville, E. R. Teague						*
23—Lumberton, C. P. Osborne		*				
24—Goldsboro, G. L. Overman						*
25—Henderson, Thomas M. Hunter ...		*			*	
26—Durham, M. E. Walker			*		*	
27—Hamlet, B. W. Williamson					*	
28—Asheboro, O. L. Presnell			*			
29—Roxboro, J. D. Bradsher					*	
30—Burlington, Frank E. Gilliam			*			
31—N. Wilkesboro, A. C. Chamberlain			*			
32—Fayetteville, L. H. Paschal						*
33—Lexington, Wade Sowers						*
34—Lenoir, J. F. Reese						*
35—Wilson, Dewey Roseman						*
36—Clinton, W. Jackson					*	
37—Salisbury, F. W. Kirk						*
38—Tarboro, T. S. Fleming						*
39—Chapel Hill, J. C. Brauer		*				
40—Charlotte, Z. M. Stadt						*
41—Greensboro						*
42—High Point						*
43—Rockingham J. H. Ellerbe						*
44—Rocky Mount, Fred Hunt						*
45—Southern Pines						*
46—Winston-Salem						*
TOTALS		12	6	1	7	23

DR. FITZGERALD: Since you have now run out of reports, I would like to take a moment. I understand one of our members, Dr. T. P. Williams of Charlotte is very seriously ill. I would like to make a motion that the Secretary be instructed to send Dr. Williams a suitable "get well" message.

PRESIDENT HUNT: Dr. Fitzgerald, will you accept an amendment that we include others who might be ill.

DR. FITZGERALD: Yes, sir.

PRESIDENT HUNT: Are there others who are absent? I know of Dr. J. C. Watkins of Winston-Salem; Dr. Dave Lockhart of Durham; Dr. Click of Elkin. Is there a second to this motion?

DR. POINDEXTER: I second the motion.

DELEGATE: I think this should be brought up at a regular meeting so other members can give us the names of other men, too.

PRESIDENT HUNT: I think it has been customary to act on the matter in the House of Delegates, but there is no objection—tomorrow, if you would like to bring it up at the next general session, we shall be glad to add names to the list.

(The Motion was adopted.)

DR. MINGES: I move we adjourn.

PRESIDENT HUNT: A motion has been made that we adjourn. Before seconding that motion, I should like to remind you gentlemen that there are a lot of committee reports to be made. Our next session, I believe, is tomorrow evening and I hope we can get an earlier start and complete our reports at that time.

The motion was seconded and carried, and the meeting adjourned at 11:20 p. m.

MONDAY, MAY 12, 1952
GENERAL SESSION

The General Session was called to order at 9:45 a. m., President Hunt presiding.

PRESIDENT HUNT: The Second General Session of the North Carolina Dental Society will please come to order.

I shall ask Dr. Guy Willis, the Vice-President, to assume the Chair.

DR. GUY WILLIS: Ladies and gentlemen, it is my privilege and pleasure at this time to introduce our President, Dr. R. Fred Hunt, who will now deliver the President's Address.

PRESIDENT HUNT: Mr. Vice-President, Members of the North Carolina Dental Society, Distinguished Guests, Ladies and Gentlemen:

I consider it a distinct privilege and a happy pleasure that I have the opportunity to extend to you at this time a most cordial welcome to this, our Ninety-Sixth Anniversary Meeting.

It is the wish of the officers of the North Carolina Dental Society that this occasion will afford you an opportunity to refresh and enlighten yourself in professional matters, as well as to serve as a most enjoyable social occasion.

Words fail to adequately express my deep appreciation and feeling for this high honor which you have bestowed upon me by permitting me to serve as your president during the past year. No one realizes my shortcomings better than I. However, I can assure you that my every effort and full capacity has been directed toward those objectives, which I sincerely felt were for the best interest of dentistry and the dental profession in North Carolina.

No man can serve in this capacity without having a profound admiration for the men who have preceded him and for all who have had a part in the building of this great dental organization. It is with the deepest sense of regret that we record the passing of two of those fine gentlemen since our last annual meeting. I am referring, of course, to Dr. H. O. Linberger and Dr. J. A. Sinclair. Their many outstanding contributions, not only at the District and State level, but also in the American Dental Association, will long be remembered in the annals of dentistry. May we use the shining examples of sacrifice and service by these two men and others before them to guide us in our future activities and deliberations.

During the past five years while humbly trying to serve this organization, I have gained much inspiration and pleasure from my visits to the various district societies. It has been my privilege to attend twenty-three of the twenty-five district meetings held during that time. It can be truly said that our district societies are most efficiently organized and function in a manner that would do credit to many state associations. Permit me to pause, to once again congratulate all of the fine men who have so ably served in the districts during that time. They have rendered an invaluable service, not only to their respective organizations, but to the North Carolina Dental Society as well.

I have also been most fortunate in being able to attend the last five sessions of the American Dental Association, annual meetings in neighboring states, sectional clinics and many other meetings of various types. Nowhere have I found a finer group of dentists than we have in North Carolina.

Please allow me to express my deep appreciation to all of the officers, committee chairmen, and committee members, who have so splendidly served during the past year. Any progress which this association has made during this administration should be attributed wholly to their concerted efforts. I wish to thank the members of the Program, Clinic, Entertainment, Hous-

ing and Arrangements Committees. They have labored so faithfully and diligently to make this meeting a success. My appreciation is extended also to the local clinicians, out-of-state clinicians, essayists, lecturers, and guests for their unselfish contributions of knowledge and talent. I am indeed grateful to the Editor-Publisher, Dr. M. R. Evans, and his most efficient wife for the splendid work done by them in publishing the Journal.

I should like to recognize the fine cooperation and assistance rendered by our President-Elect, the Executive Committee, and our efficient Secretary-Treasurer during my tenure of office. They have encouraged and assisted me in every way possible. I owe a debt of gratitude to the officers and members of the five districts for the support and strength received from them during the past year.

Many of the activities and accomplishments of the Society during the year will not be reviewed in this address, since they will be adequately covered in the committee reports to the House of Delegates and later published in the *Proceedings*.

I should, however, like to briefly emphasize a few of the accomplishments at this time.

"DENTAL HEALTH PROGRAM"

A resolution presented by Dr. S. P. Gay, endorsing the fluoridation of communal water supplies, was passed at our annual meeting in 1951. The Executive Committee, in July, 1951, approved "Fluoridation" as the major objective of the North Carolina Dental Society for the fiscal year 1951-1952. The North Carolina State Board of Health has assisted and cooperated fully with our society in this program.

A state-wide fluoridation committee was appointed with Dr. John C. Brauer serving as Chairman. A chairman was appointed in each of the five districts and a committee member was named in practically all cities with a population of 5,000 or more people.

Comprehensive packets containing brochures and material on Fluoridation were prepared by the Chairman at comparatively no expense to our society. These packets represented much time and effort on his part and contained "up to the minute" information concerning fluoridation and the proper procedure for establishing and pursuing a program or project. Each of the fifty-three committee members were furnished with these packets. Other members of our society received them upon request. In fact the demand was so great that it became necessary to prepare a second set.

Fluoridation meetings were held during each of the district meetings and were exceedingly well attended with much interest being exhibited, not only by the committee members, but by many others.

Both Dr. Brauer and I have made many personal appearances throughout the state in the interest of this program. The committee members have worked very diligently on programs in their respective cities with excellent results. At this writing there are twenty-three cities that are fluoridating

or have approved fluoridation. Many others have programs under way which we feel will be successful.

This program offers a golden opportunity to the dentists of North Carolina to render a real and valuable dental health service to the children of our state. No preventive program has been advanced during the twenty-eight years that I have been practicing dentistry that is comparable to fluoridation. It is our privilege and duty as dentists to let the people of our state know that we favor a program which places the welfare of our patients above all else. This I consider to be an excellent point in fighting socialized dentistry.

Another important feature of this program is the *public relations value* which it offers to dentistry. A responsible person in dental circles in North Carolina, and the nation, has stated that dentistry has received more favorable publicity during the past few months than during any previous period in the history of our organization. We have secured even front page articles which could not have been purchased at any price. Thousands of favorable lines have been written about dentistry during this brief time.

I should like to publicly express my deep appreciation to Dr. Brauer who has given so much of his time and effort in promoting this program. To the district chairmen and to each member of the committee, I am deeply grateful for a job well done.

Recommendation—Whereas a number of cities have programs pending before their city councils and will need assistance from time to time,
and

Whereas the American Dental Association is very actively sponsoring the fluoridation of communal water supplies,
and

Whereas the North Carolina State Board of Health is cooperating fully with the North Carolina Dental Society in this worthy objective
I recommend that the present committee be continued for another year or until such time as their work is completed.

“NORTH CAROLINA DENTAL FOUNDATION, INC.”

It was generally agreed that a dental foundation would be necessary if our School of Dentistry at Chapel Hill was to assume its rightful place among the leading institutions engaged in the art and science of dental teaching. With this thought in mind the dental profession in North Carolina made one of its great forward steps by creating the Dental Foundation of North Carolina, Inc. This foundation was organized by an interested group of dentists and lay leaders with the late Dr. Henry Lineberger serving as its first president. The Foundation will serve as a living and permanent memorial to Dr. Lineberger, whose unselfish spirit and tireless efforts were in a large measure responsible for, not only the Foundation, but also the fine dental school which has been established at the University.

The Foundation will make possible research in the various fields of dentistry, development of visual education, libraries for the students and for the dentists of North Carolina, post-graduate courses, loans to worthy

and needy students of dentistry, and many other worthwhile projects in the future.

I am happy to report that the immediate goal of \$100,000 was subscribed within a few short weeks. Dr. Amos Bumgardner and his committeemen are to be congratulated upon this fine achievement.

All of us owe a part of our time and means to the upbuilding of our profession and its activities. The Foundation affords a tangible source for our expressions of gratitude for the many benefits that we have received through dentistry.

Some dentists may desire to make additional donations either by a large single contribution or by an annual recurring gift. The package idea will appeal to part of our membership. Some may desire to establish a memorial to a departed member of their family, while others may find it more feasible to designate the Foundation as a recipient in their wills. New ideas for different types of contributions are being perfected and will no doubt be explained to you in the near future by the secretary, Dr. John C. Brauer.

"THE U.N.C. SCHOOL OF DENTISTRY"

My mind reverts back to a Sunday afternoon at the Sir Walter Hotel at Raleigh in the year 1947, when Dr. Henry Lineberger appeared before the Executive Committee of the North Carolina Dental Society and obtained their approval of a survey to determine the dental needs in our state. Dr. John T. O'Rourke was selected to make this survey and I should like to pause now to express our appreciation for the thorough and capable manner in which this duty was carried out. This survey was extremely helpful in securing the appropriation for our proposed dental school. Dr. Paul E. Jones, state senator, is to be commended for the capable manner in which he sponsored the appropriation bill in the legislature.

All of us realized that the selection of the proper person for the deanship was of major importance if we were to have a school in keeping with our plans and desires. We felt indeed fortunate in securing the services of Dr. John C. Brauer for this important post, and during the past two years his splendid achievements have borne this out.

The School of Dentistry at Chapel Hill received its first class of forty students on September 22, 1950. Dean Brauer has assembled a faculty which is composed of outstanding men in their respective fields. The physical plant is progressing very nicely, and it is my firm belief that within a few short years we will have an institution that will rate very favorably with the leading dental schools in America.

The dental profession in North Carolina has given this school its full support from the time of its conception. I am certain that our interest will continue to be in evidence through our loyal support to the Dental Foundation.

"NORTH CAROLINA DENTAL AUXILIARY"

The Auxiliary is to be congratulated upon the excellent progress which has been made in the short time since its organization. Fine meetings were

held in all five districts during the past year. They are to be commended upon the very worthy projects which they are sponsoring, namely, the creation of a student loan fund and the collection of amalgam scrap.

I should like to suggest that the members lend their full support to the promotion of fluoridation programs in their respective communities. They also have an unusual opportunity to render a distinct service to dentistry by actively supporting the North Carolina Dental Foundation, Inc.

Mrs. J. A. McClung, who served as the first president, and Mrs. Darden Eure, who is now in office, have made definite contributions to dentistry in North Carolina.

"COMPULSORY, OLD AGE, AND SURVIVORS INSURANCE FEDERAL SOCIAL SECURITY ACT"

This is a topic which is very current at the present time in the American Dental Association and one which will appear on the agenda at the A.D.A. House of Delegates meeting to be held in St. Louis in September. The delegates voted at the last annual session in Washington to table this question until the 1952 meeting. It is our privilege and duty as an organization and as individuals to inform ourselves concerning this so-called benefit.

Many dentists who desire to participate in this phase of the Social Security Act demonstrates a complete lack of understanding of the provisions of the Act in question. Many statements purporting to be factual on the premiums to be paid and the benefits to be received are far from giving the true situation.

It would be obviously inconsistent for the profession to seek the so-called benefit of the Old Age and Survivors Insurance Program while at the same time continuing its many years of constant opposition to Compulsory Health Insurance as another Social Security "benefit" for all citizens of this country.

It seems to me that the real security of the professionally self-employed lies within the individual and his contributions to the community rather than in any government sponsored system of old age insurance.

"DIVISION OF ORAL HYGIENE"

This department of the State Board of Health has long been recognized nationally as a criterion in the dental health field. The school children of our state, as well as the dental profession, are fortunate indeed in having as dental director of this division a man of ability, vision, and accomplishments.

Dr. Branch may well realize, with much satisfaction, that he has rendered a real and lasting dental health service to the children of North Carolina for the past quarter of a century.

"PROSTHETIC DENTAL SERVICE COMMITTEE"

The plan for the accreditation of dental laboratories has been in effect in our state for approximately five years. North Carolina now has about

thirty-two (32) laboratories which have complied with all the necessary requirements and are now on the accredited list.

In my opinion this program fosters a feeling of cooperation and friendship between the profession and laboratories.

Dr. C. C. Poindexter, Chairman of the Prosthetic Dental Committee, and the committee members are due much credit for the splendid manner in which they have handled this difficult assignment.

"EXHIBIT COMMITTEE"

We have at this meeting more Exhibitors displaying their wares than at any previous meeting of our society. The exhibits produce a nice revenue to the society and at the same time affords the supply houses, laboratories and other firms an opportunity to contact the members of our profession. The Chairman of the Exhibit Committee, Dr. S. B. Towler, deserves much credit for the excellent manner in which he has executed the duties of this office during the past year.

I should like to welcome each exhibitor to our meeting, and to strongly recommend that each member of our society visit the exhibits. They are deserving of our support.

"BOARD OF DENTAL EXAMINERS"

The North Carolina State Board of Dental Examiners has for many years enjoyed the distinction of serving well the people of our state to the end that only well qualified persons were granted licenses to practice dentistry in North Carolina.

The individual members of this board have successfully met their manifold responsibilities at all times.

The North Carolina Dental Society has been signally honored by the appointment of Dr. Frank O. Alford to the National Board of Dental Examiners where he is serving with credit and distinction to our state.

"INSURANCE PROGRAM"

Your attention is directed to the proposed changes in the American Dental Association Group Life Insurance Plan. The benefits in this policy will be substantially liberalized effective July 1, 1952. Policy holders up to 52 years of age will have their policies automatically increased from 3,000 to 5,000 dollars with only a slight increase in the premium. A letter to Dr. Fred A. Richmond of Kansas City, Kansas will bring full details regarding this policy.

The Board of Trustees of the American Dental Association recently approved a Group Health and Accident insurance policy which will be available after September 1st. The details are not complete at this time, but will be furnished at an early date.

A very liberal health and accident insurance policy is now available to

the members of the North Carolina Dental Society. This policy was approved by the House of Delegates of our state society some years ago. I strongly recommend, especially to the younger members of our society, these various insurance plans for your consideration.

"NORTH CAROLINA HOSPITAL STUDY COMMITTEE"

The Commission on Financing of Hospital Care established by the American Hospital Association, whose purpose is to ascertain the best means for providing adequate hospital care at the lowest cost to people of our nation, has selected North Carolina as the *FIRST* state in which this study will be carried out. The reputation which our state enjoys as a leader in the health field was largely responsible for this honor. Other major contributing factors were: (1) Mr. Gordon Gray, who is serving as chairman of the National Commission; (2) Mr. Graham L. Davis, formerly of the Duke Endowment Foundation and now associated with the Kellogg Foundation; (3) a twenty-six year record of uniform accounting, encouraged by the Duke Endowment, in North Carolina hospitals.

A \$500,000 fund has been created by grants from seven or eight philanthropic foundations. This budget will support a two-year program which is to be carried out by the National Commission.

In North Carolina the study will be divided into three major sections or areas:

1. Personnel.

A survey will be conducted to determine where shortages exist and to what extent.

2. Facilities.

An evaluation is to be made of the hospital facilities in our state in an effort to determine if they meet the needs of the people.

3. Finances.

- A. Capital Outlay.

The present construction provides for this.

- B. Current Operating Expenses.

Attention will be given to long term illnesses as well as to the average hospital case. Evaluation of methods of payment, such as the Blue Cross and Blue Shield, will also be made.

The broad scope of this study will no doubt result in a pronounced improvement in the general health of our people.

To my mind the providing of high quality hospital and medical care at the lowest possible cost is a most important factor in the fight against Socialized Medicine.

I feel certain that every member of the North Carolina Dental Society will eagerly assist in the promotion of this fine program.

CONCLUSION

To have been elected president of this great society is an honor to be cherished by any member of our organization. It is indeed an honor out of all proportion to any services which I have been capable of rendering to dentistry in North Carolina. However, the memory of this honor will always remain sacred to me, and I shall forever be grateful for the privilege of having had the opportunity to serve the North Carolina Dental Society in my humble, yet conscientious manner.

I have tried to assume and discharge the duties of this exacting office in a manner that would bring dignity and honor to our profession.

The success of any administration is the direct result of teamwork on the part of the individual members. I have been very fortunate this year in having as co-workers those who placed service above self. The fruits of their labors will be unfolded during the next two days.

For the past five years, it has been my privilege to have had a very close contact with the affairs of this Society. As I end this relationship, I do so with a happy memory of many fine friendships made throughout the state.

There are many responsibilities on the horizon and much to be accomplished if we are to continue to go forward. I am confident, however, that the incoming administration will meet this challenge in a capable and dignified manner. I pledge to them and others who will follow, my whole-hearted support.

PRESIDENT HUNT: When I prepared this address, I did not intend to have any recommendations. I know what usually happens to recommendations made by the President, so I was not planning to have any, but after seeing the activity in fluoridation that is being carried on throughout the United States by the American Dental Association, and after seeing such a wonderful report by Dean Brauer and realizing that the work was unfinished, I have taken it upon myself to make a recommendation.

I might add it would be possible to have an accident policy sponsored by the American Dental Association and your policy that you now have through the North Carolina Dental Society. You can have both policies.

(Applause.)

DR. WILLIS: Ladies and gentlemen, I know that I express the thought of every member of this assembly when I say that was a very interesting and thought-provoking address.

Fred, I want to take this opportunity to commend you on a job well done and to tell you that you have done a thorough job.

I would like to appoint a committee of three men to report on the President's address: Drs. Z. L. Edwards of Washington, D. L. Pridgeon of Fayetteville, and H. Royster Chamblee of Raleigh.

PRESIDENT HUNT: Thank you, Mr. Vice-President.

We now approach a very important part of our meeting, the introduction and recognition of distinguished guests. I shall at this time ask Dr. O. R. Hodgins of Thomasville to make the introductions.

DR. O. R. HODGINS: Mr. President, members of the North Carolina Dental Society and guests: We have some important out-of-state guests at this meeting that I would like to present at this time, and I would like to have them stand and remain standing while I call the names. Please hold your applause until all have been recognized.

(Dr. Hodgins then read the list of out-of-state guests.)

Gentlemen, it is a pleasure to have you as guests at our meeting, and I sincerely want to extend to you a hearty welcome and hope you will enjoy our meeting. We want you to come back again next year to our meeting, and we are happy to have you here today.

Let's all give them a hand. (Applause.)

PRESIDENT HUNT: Thank you, Dr. Hodgins.

I should like at this time to recognize Dr. Douglas, President of the South Carolina State Dental Association.

DR. JOHN W. DOUGLAS: Mr. President, members of the North Carolina Dental Society, distinguished guests: It is indeed a great privilege to be able to attend your splendid meeting.

I bring to you greetings from the South Carolina State Dental Association and extend a cordial invitation to each of you to attend our annual meeting in Greenville, South Carolina at the Poinsettia Hotel, May 18, 19, and 20. For your consideration, we are offering what we think to be a very strong program together with a daily program of social activities.

We will be very happy to have each of you present with us at that time. Thank you. (Applause.)

PRESIDENT HUNT: Thank you, Dr. Douglas. We are very happy indeed to have you and other members of your Society present. I should like to add that in North Carolina, we consider the privilege of having our friends and visitors from other States to be a very important part of our program and we sincerely hope that you will enjoy your stay. We have an out-of-state entertainment committee headed by Dr. Coyte Minges. Their sole purpose for existence is to entertain out-of-state guests. If there is anything you desire, do us a favor and let the Committee know about it. We are so happy to have all of the guests present.

We are always pleased to have present at our meetings a representative of the Medical Society of the State of North Carolina. We are especially happy when this representative is a man we know and like. Dr. Berryhill was cooperative in every way, in every respect, with the dentists of North Carolina when the dentists were attempting to establish a school of dentistry at Chapel Hill. We are deeply appreciative of the assistance rendered by him.

At this time, it is indeed a pleasure and a privilege to present to you

Dean W. R. Berryhill, School of Medicine, University of North Carolina, who will represent the Medical Society of the State of North Carolina. Will Dr. Berryhill come forward, please?

DR. W. R. BERRYHILL: Mr. President, members of the North Carolina Dental Society, guests: I am so happy to be here today and to bring greetings from the State Medical Society and also congratulations to the State Dental Society for the continuing fine job all of you are doing.

I am very happy that the Medical Society gave me a second chance to get here. I was scheduled to come as a delegate last year but was out of the State at the time. So, in order to be certain that they didn't fire me and that I might have a chance to come back next year, I spent the night in Goldsboro, and got up at 5 o'clock this morning in order to get here on time.

I was very much interested in your President's very able address. As I sat there and listened, I couldn't help but recall the very pleasant address at our Society meeting a week ago in this same hall and it reinforced what all of us are conscious of, I am sure, that our problems are essentially the same because almost all of the points that he talked to are problems which affect the dentists, the doctors, the nurses, and all the people who are trying to do a good job for North Carolina.

We enjoyed your able representative last week, Dr. Glenn Hooper. I wouldn't for a minute get into the business of politics, but I would be so happy, and I am sure the State Medical Society would agree, if Dr. Hooper were returned as your delegate next year.

Finally, gentlemen, I would like to tell you that, quite aside from my representation of the State Medical Society, as a representative of the University of North Carolina, I would like to say that we are tremendously happy that the School of Dentistry has been established. We are very much impressed by the earnest and sincere efforts of the dental staff to give North Carolina a first-rate dental school.

From a personal standpoint, working with your fine committee for a number of years has given me an opportunity to know many of you whom I otherwise would not have had the opportunity to know. After all, I have a very tender spot in my heart for this Association because my favorite uncle, who is now dead, was a member of it for many, many years.

I think that one thing that stands out very clearly to me is that in the future, members of the Dental Society and of the Medical Society must work together more closely both in their professional work, in their treatment of patients, and also in their relations with the various problems which affect you and us. As Dr. Reid said, I believe, if we don't hang together, it is certain that we will hang separately. Thank you so much. (Applause.)

PRESIDENT HUNT: Thank you, Dr. Berryhill. We are so happy to have you with us today and hope you will remain throughout the meeting.

At this time, I shall recognize Dr. Clyde Minges, who will present an outstanding honored guest. Dr. Minges. (Applause.)

DR. CLYDE MINGES: Mr. President, members of the North Carolina Dental Society, guests, ladies and gentlemen: It is a privilege and a high honor for me to present to you our next speaker. Few living men, if any, have made greater contributions to this profession of ours than has this man. As an essayist and a clinician, he has appeared in some forty-odd States of the United States; as a lecturer and a clinician, he has appeared in some five or six foreign countries; as an author, he has written the most widely used textbook, "Dental Roentgenology" in the world. This book is universally taught throughout the United States and the world.

I could enumerate many, many more things that this man has done. I will not take your time to do so.

Therefore, it is a pleasure for me to present to you the President of the American Dental Association, Dr. LeRoy M. Ennis. (Rising applause.)

DR. LEROY M. ENNIS

It is a privilege for me to be with you today. I particularly welcome this opportunity to participate again in the annual session of the North Carolina State Dental Society and to bring you the official greetings of the American Dental Association. For years, the fine record established by your society and its excellent annual meetings here in Pinehurst have been recognized across the entire nation.

My talk this morning will deal with some of the activities of the American Dental Association and some of the major issues and problems which confront the profession of dentistry.

All of you, I am sure, are aware of the tremendous growth of the American Dental Association during the past few years. But I wonder how many are aware of just how tremendous this growth has been. Since the turn of the century 52 years ago, membership in the American Dental Association has increased more than 70 times. Fifty years ago the Association had a membership of only about 1,000 dentists, or about one out of each 30 practicing dentists. Today, membership in the American Dental Association is more than 77,000. Today, seven out of each eight dentists in the entire nation is a member of the American Dental Association.

Coupled with this growth is a story of service—service to the public and to the profession. Whereas fifty years ago it was a minority of dentists who sought membership in the Association, today it is few indeed who do not seek to become a member of the Association as soon as they finish school. And there is a good reason for this change of attitude. It did not just happen by chance. It happened because the American Dental Association has evolved a dynamic program in support of its objective of encouraging the improvement of the health of the public and the promotion of the art and science of dentistry.

Today, the American Dental Association is one of the nation's leading professional organizations. With an annual budget in excess of \$1,500,000,

the Association is carrying on a program of direct interest to and benefit for not only the public but to each individual who holds the degree of dental surgery or doctor of dental medicine.

Since 1940 alone, membership in the American Dental Association has increased more than 15,000 among practicing dentists alone. An additional increase of nearly 9,000 has been recorded among dental students who are members of the Association. This very significant increase in total membership in the past 12 years is proof that the dentists of America want a dynamic program of activities. It is proof that the dental profession has a dynamic program of activities.

For a few moments I should like to talk about some of these activities. As I see it, the activities of the Association can be grouped into three principal classifications: one, the protection and improvement of the health of the public; two, the protection and improvement of the profession itself; and three, the dissemination of information to both the public and the profession. Of course, there is considerable overlapping among these three groups. Nearly every formal activity of the Association is concerned with all three. But I believe an evaluation of our program from these three points of view provides a much clearer picture of the over-all program being carried on by the organized profession of dentistry.

Fluoridation of community water supplies is an excellent example of our broad program to improve the dental health of our nation. There is no question that fluoridation of public water supplies is one of the most significant advances in the history of preventive dentistry. It is no longer a scientific theory but a proven fact that children who drink fluoridated water from birth have from one-half to two-thirds less tooth decay than those who drink fluoride-free water.

The great progress that has been made throughout the country in bringing the benefits of fluoridation to its citizens is a tribute to the entire dental profession. I understand that fluoridation is already in operation in a number of your communities and that it soon will be in operation in many more.

Within a year, more than 40,000,000 persons throughout the United States will be drinking water containing the proper amounts of fluoride necessary to provide protection against dental caries. And I am certain that a good share of these will be residents of this progressive state.

Fluoridation is but one phase of this program to help the public have better dental health. Our program calls for continuing research, expanded dental health education and the extension of preventive care to all children. Last year alone, the Association, through its division of Dental Health Education, distributed several million pamphlets, brochures and other material for use by teachers and health workers in our schools. And in community after community, expanded children's dental health programs were adopted in accordance with the plans and suggestions advanced by the Council on Dental Health.

As another example, let's look for a moment at the aptitude testing program of the Council on Dental Education. Today, all dental schools are

using these tests as an aid in the selection of the best qualified and more promising students among applicants for enrollment. At first glance, some of us who left dental school many years ago might be inclined to minimize the importance of this activity. Such, however, is not the case. By developing these new aptitude tests, the Association has provided additional assurance to the public that only the best qualified students will be accepted for training at dental schools. It is providing protection for the profession by eliminating at the start those who might later bring discredit upon themselves and their colleagues. It is no accident that less students proportionately drop out of dental school for failures than at any other professional school. This, indeed, is one convincing measure of the Association's testing program.

Speaking of students dropping out of dental schools, in visiting the various states throughout the country and reviewing or looking over their treasurers' reports, I notice that many of them have large reserves which are simply accumulating interest. I have tried to stimulate these groups by getting them to set up certain funds for the relief of dental students who are residents of their state. The high cost of education and living, combined with other conditions such as financial losses and death, often work hardships on many dental students, especially in their junior and senior years. I have endeavored to get the various states, as I have mentioned before, to set up a loan fund with a small interest rate to carry these students over a very depressing period in their life.

The continuing program of the Council on Dental Therapeutics and the Council on Research for evaluation and testing of dental drugs, medicines and materials provides protection for both the public and the profession. I am certain that all practitioners today recognize the great value of such a program whereby information is readily available on those materials and drugs which are safe and valuable and on those which are dangerous or worthless.

The program of the Council on Legislations constitutes another activity of great importance to the profession and the public. Both on the state and national level, this Council is on the alert to encourage the adoption of legislation which will be beneficial to both the public and the profession and to work against the adoption of legislation which would be harmful. This Council together with the Council on Federal Dental Services has been extremely active in the past year in working out equitable programs with the government for the recruiting of dental manpower for the armed services. As a result of these efforts we have today a fair system whereby those who have had little or no military service are being called upon first to carry out the obligation all of us have to serve our government in time of need.

Recently, the Department of Defense announced that it had requested Selective Service to issue draft notices to 335 dentists in Priority I of the physician-dentist draft act who have not yet volunteered for commission. This order, the first of its kind, is an obvious move to induce these young men in Priority I who can meet the physical qualifications to volunteer for commissions. Only two failed to volunteer for a commission, and they were drafted as privates and later given commissions. Throughout this

entire emergency, the Association has taken every step to assure that the call-up of men was on a fair basis and that there would be a minimum of disruption of dental health services for the civilian population while assuring that the men and women in the armed services had the dental health services they need.

In this same regard, the Association has been active in pressing home to our military leaders the fact that they must utilize professional manpower effectively and efficiently, and stop the waste which was so prevalent during World War II.

Recently, representatives of the Association testified before Congress on the health aspects of Universal Military Training which is now being considered by the Congress. Association representatives recommended that dental care under Universal Military Training be limited generally to treatment required to permit corps members to perform their training duties efficiently and comfortably. The Association warned Congress against committing the government to an extensive program of dental rehabilitation for each UMT enrollee. Such a rehabilitation program would require large numbers of dentists and would seriously disrupt health services to the public at large. Instead, the Association urged that each trainee be given a complete oral examination on discharge and that dental treatment during the training period be limited to emergency care. The Association recommended that post-service dental care be limited to disorders incurred during the training period. The Association also went on record as opposing promises of free dental care for life for UMT trainees as has been done for war veterans through the Veterans Administration.

If UMT were to be adopted requiring every 18-year-old male to serve 6 months in training, and if, as a result of that training, each enrollee would be entitled to free dental care for the rest of his life, it wouldn't take very long before we would have a complete system of government or socialized dentistry for the entire male population. This is a serious problem of direct concern to every dentist. And to me, at least, it is good to know that there is an American Dental Association which is on the job to ferret out these problems and to advise in their solution.

Some of the other activities which I should like to mention briefly are those dealing with the dissemination of information. Today, our Journal of the American Dental Association has a circulation of more than 80,000 and each year carries more than \$200,000 worth of advertising. We have a dental library which is second to none in the world. Just recently, a new film library containing dozens of movies and slides has been established at the Central Office in Chicago. We have a Bureau of Public Information which is doing a thorough job of public relations for the profession.

Time, of course, does not permit a review of the activities of all the Association agencies. But I believe the pattern is clear. They are on the job—doing a job for the public and for dentistry.

I am particularly pleased to report to you that your Association is on a sound financial basis, thanks to the increase in dues of from \$12 to

\$20 a year which became effective last year. We are now rebuilding our reserve funds while still maintaining those essential services necessary for the operation of our program. In my years of experience as a member of the Board of Trustees and as an officer of your Association, I have become convinced that our Association is in good hands. I should not want to appear on this platform today without paying tribute to Dr. Harold Hiltenbrand, our most efficient secretary and chief administrative officer.

I should like to mention briefly several matters of special interest to the dental profession. One very important issue which was considered by the A.D.A. House of Delegates at Washington was the question concerning the inclusion or exclusion of members of the dental profession in the Old Age and Survivors Insurance program of the federal Social Security Act. As you know, dentists, physicians, lawyers, farmers and certain other self-employed persons are not now included in the Old Age and Survivors Insurance program. Virtually all other self-employed persons, such as artists, salesmen, merchants, writers and insurance agents, are now in the compulsory old age pension program. They must pay a tax on their earnings this year for which they are promised a pension when they retire at the age of 65 years or later. Since 1949, the A.D.A. has been on record as opposed to the inclusion of dentists in this federal program.

During the past year, there has been considerable agitation among certain dentists to have the American Dental Association go on record in favor of having this program extended to all members of the dental profession. A nation-wide survey conducted by the Council on Insurance last summer revealed that dentists were about evenly divided on the question, with dentists in the eastern and mid-Atlantic states voting in favor and dentists in all other areas voting against being included in this social security program.

An all-day hearing on the question of social security was conducted by a reference committee of the House of Delegates. After hearing testimony from scores of individuals from all parts of the nation, the committee reported that it was impressed with the lack of understanding of the program by a majority of those attending the hearing. The committee pointed out that immediate action by the House of Delegates "inevitably would displease and antagonize one or another large segment of the membership." As a result, the House of Delegates voted unanimously to defer consideration of the question of inclusion of dentists in the federal Old Age and Survivors Insurance program until the annual session this year. It also recommended that during the intervening period, all constituent and component societies be encouraged to organize discussion groups through the membership for the purpose of obtaining free and clear understanding of the issues involved.

There is far more involved in this measure than qualifying members of the dental profession for a government "handout" when they reach the age of 65 years. Personally, I believe that it would be inconsistent for the dental profession to seek inclusion in this program while opposing, as we do most emphatically, such other social security programs as compulsory health insurance. However, the decision on this question must rest

with you, the individual members. I heartily concur in the recommendation of the House of Delegates that each constituent and component society organize discussion groups to stimulate a study of this problem and I should like to urge each of you to inform yourselves fully on this matter of federal Old Age and Survivors Insurance. A special kit of information material relating to this problem is now being prepared by our Central Office and will be distributed to all constituent and component societies next month.

Another point which I should like to call to your attention is the growing pressure from Washington for acceleration of dental education. Just recently, the Health Resources Advisory Committee of the Office of Defense Mobilization recommended again that the dental schools seriously consider plans to squeeze the present four years of dental training into a period of three years and at the same time, expand their enrollment by an average of 15 per cent.

This pressure for acceleration of dental training and increased enrollment carries a grave threat to the quality of dental education that now stands unsurpassed anywhere else in the world. As an educator, I cannot agree that quality of dental education can be sacrificed for quantity. Before we try to turn out more dental graduates by streamlining the training period and expanding our classes, I believe we must make certain that we have an adequate teaching staff and adequate educational facilities to handle larger numbers of students.

The same government agency which is recommending a shortening of training and an increase in enrollment also pointed out that there is a severe shortage of dental faculty members. More than 85 per cent of the nation's 42 dental schools now have fewer than 25 full-time faculty members each. This serious situation would only be compounded should we now attempt to move into acceleration and expansion without first making certain that there are adequate numbers of competent teachers available at our dental schools.

Acceleration—a mass production of professional men—would mean turning back the clock to the low quality of dental education that existed generations ago when professional training was still in its pioneering stage.

As a final point, I should like to talk about the attempts that have been made for several years now to establish in this country a national system of compulsory health insurance. I wish I could report that compulsory health insurance is a dead issue. But every sign points to the fact that the present administration will revive it again for the 1952 election campaign. Again we shall see human needs exploited in the interest of political expediency. Again we shall hear vast promises to the public for a program that is costly, unrealistic and impractical—promises that the promisers themselves know cannot be kept.

I know that you recognize what a totally unrealistic approach compulsory health insurance is to the serious and complicated problem of dental disease. Dentists would be forced to engage in a mass repair service with little or no time to carry out essential preventive services for children.

It would doom the American public to a virtual bankruptcy in dental health.

The task before us, it seems to me, calls for continuing vigilance against attempts of government to assume full control of the health professions. We must continue to inform our legislators and the public of the dangers of unsound health schemes. In these crucial times we must make certain that the health of our nation is not undermined. Any other course would be disastrous.

I thank you.

PRESIDENT HUNT: Dr. Ennis, personally and on behalf of the members of the North Carolina Dental Society, I should like to express to you our deep appreciation for that very able address.

We are happy to have you with us and we hope that you will return next year and that you will be able to spend the entire meeting with us at that time.

We are indeed happy to have an official visit from the Trustee of the Fifth District of the American Dental Association. I say official because this gentleman is our representative, but on the other hand, he is our neighbor from Virginia so we do not look upon him as visiting in an official capacity, but rather as a friend here to enjoy our meeting and to bring to us any of the activities of his Association that he so desires.

All of you who attend the meetings of the American Dental Association know what an able and efficient representative we have on the Board of Trustees. Dr. John is now serving his second term as Trustee of the Fifth District and is rendering a real and valuable service to dentistry in general and the Fifth District in particular. It gives me great pleasure to present to you at this time Dr. J. E. John of Roanoke, Virginia.

DR. J. E. JOHN: President Hunt, President Ennis, Past President Minges, fellow members of the North Carolina Dental Association—and I assure you that I appreciate the fact that I can call you fellow members: It is a privilege to be here, to enjoy your meeting. It is a privilege to join with President Ennis in extending to you greetings from the American Dental Association.

For me to make a report would be taking your time unnecessarily. Dr. Ennis has made you a report, a complete report. I shall not take your time.

Again, I thank you for the privilege of being here and the privilege of trying to serve you as your Trustee.

(Applause.)

PRESIDENT HUNT: Thank you, Dr. John. We are always so happy to have you and Mrs. John with us.

In the introduction of the visitors this morning, there was one person who, although he is a visitor in a sense, still isn't a visitor, because he is a full-fledged member of the North Carolina Dental Society and was very active in his District for many years.

I am very happy at this time to ask the man we love and whom we appreciate so much for the fine work that he is doing in the Belgian Congo, —Sandy, will you stand, please? (Applause.) We are so happy to have you included with us. We hope you enjoy every minute of your visit.

Our first essayist this morning is Assistant Secretary of the American Dental Association Council on Dental Health. He is a graduate of the University of Iowa and received a Master's Degree in dental health at the University of Michigan. He was formerly director of Dental Health in the Washington State Department of Health.

It was my privilege last October to attend an all-day meeting of the American Dental Association Health Council which was held just prior to the opening of the American Dental Association meeting. This gentleman appeared on that program and I was very much impressed with his presentation, so I asked him at that time if he would consent to come down to North Carolina and tell us something about fluoridation.

I am very happy at this time to present to you Dr. W. Philip Phair, Assistant Secretary of the Council on Dental Health, American Dental Association, who will discuss, "Securing Community Acceptance of Fluoridation".

SECURING COMMUNITY ACCEPTANCE FOR FLUORIDATION

Community endeavors in the improvement of health have been traditional in America since the early days of the pioneers when, in six months, pestilence and starvation reduced the first Virginia colony from five hundred to sixty people, and Plymouth colonists buried one half of their membership. Public health has demonstrated dramatic achievement in the practical elimination of such scourges as smallpox, typhoid fever, yellow fever, rickets, diphtheria, pneumonia, and countless others.

Thousands of persons in the United States owe their lives and their health to public health measures which have eliminated or greatly minimized the cause of widespread disease. This debt of gratitude is owed to private medical practitioners and public health workers, certainly not to drugless healers, food fadists or those who make adjustments of spinal columns. In spite of the great studies which have been made in the improvement of public health, we have no inclination to rest on our accomplishments. There is still much disease to be conquered, and dental caries represents one of the largest of the nation's public health problems. In fact, dental caries has created a problem of monumental proportions in a country that boasts of the best dental care in the world—a problem that is growing four to five times faster than it is being corrected.

You are well aware of the dental conditions found in World War II that shocked the complacency ordinarily accorded to dental disease. Dental defects accounted for 20 per cent of all physical rejections among the first 2,000,000 men called for induction—more than the number of rejections for any other physical defect. There is every evidence that these same dental problems are being disclosed in the induction centers during the present national emergency.

The farsightedness of the dental profession in North Carolina in bringing about the development of one of the best dental colleges in the world is dramatic evidence of the sincere interest of the people and the dental profession in this state in attempting to correct the overwhelming numbers of unmet dental needs. As students begin to be graduated from the University of North Carolina School of Dentistry, the dentist population ratio will gradually decrease and will help to alleviate the serious shortage of dentists. It is a well-known fact, however, that it is impossible to cope satisfactorily with the dental caries problem through corrections alone. There is a pressing need for control measures applicable on a widespread basis.

The dental profession now has an almost undreamed of opportunity in its contribution to the dental health of the nation. Repeated demonstrations during the last forty years have provided unusual examples of the influence of trace elements on public health. Incidentally, it should be pointed out that it was the dental profession which, forty years ago and continuously since that time, has been concerned regarding trace amounts of fluorides in public water supplies. There have been no reasons to cause physicians to become concerned regarding the relationship of this element in water supplies, even in high concentrations, to the health of the people in the areas where they have practiced. It has become the responsibility of the medical profession in recent years to make doubly sure of the physiological effects of fluorides when fluoridation is proposed. Scientific studies have provided reassurance. It apparently did not become the concern of chiropractors until there appeared to be opportunities for publicity in connection with their "warnings of harmful effects."

Briefly stated, it has been shown that too much fluorine in the public water supply produces a condition known as dental fluorosis and too little is associated with a high dental caries attack rate. Between these two extremes lies a concentration destined to influence profoundly the dental health of oncoming generations.¹

Fluoridation Studies. The dental caries experience in fluoride areas is now being duplicated in areas where controlled studies are underway. The same downward trends in dental caries experience rates are being observed in the teeth of children who are being born and reared in areas where fluorides have been added to the water supply in controlled amounts. Based on the experience from fluoride areas, one may predict the following results from fluoridation:²

- Six times as many children free of caries.
- Sixty per cent lower decayed, missing and filled tooth rate.
- Seventy-five per cent fewer first permanent molars lost.
- Ninety-five per cent less caries in upper anterior teeth.

Controlled studies have been in operation since January 1945 and some of the results of these studies are as follows:

- In Brantford, Ontario, after four and one half years of fluorida-

tion, a fifty-six per cent reduction in dental caries of permanent teeth of six-year-old children.³

- In Evanston, Illinois, after four years of fluoridation, a decrease of approximately fifty per cent in the decay rates for Evanston school children.^{3, 4, 5}
- In Grand Rapids, Michigan, after five years of fluoridation, a sixty-six per cent reduction in dental caries of permanent teeth and a fifty-three per cent reduction in primary teeth of five to six-year-old children.⁶
- In Lewiston, Idaho, after nearly five years of fluoridation, a seventy-seven per cent reduction in dental caries in permanent teeth of six-year-old children.⁷
- In Sheboygan, Wisconsin, after five and one half years of fluoridation, a fifty-four per cent reduction in dental caries in primary teeth of five to six-year-old children.⁸

Sources of Objections. With such significant reductions in dental caries demonstrated in many communities, one would expect that fluoridation would receive immediate acceptance—that the public would be clamoring for it. Such is not the case, however, as many dentists in North Carolina already know. There are, nevertheless, approximately three hundred communities now fluoridating their water supplies, a number of communities in which the procedure has been officially approved and several hundred more communities which are seriously considering the measure. As has been the case with nearly all new public health measures, particularly when the use of chemicals is involved, some opposition is encountered. One might classify the sources of these objections as follows:

- Drugless healers of all types, particularly those who want to gain some publicity for themselves.
- Members of a religious group who believe that fluoridation constitutes medication.
- Those who oppose fluoridation because of political expediency.
- Those who fear an economic threat to their sale of such products as vitamins and mineral preparations.
- Obscure “scientists” and self-appointed protectors of the people who object to every public health measure—and in so doing often make a nice profit on the sale of their pamphlets.
- “Conscientious objectors”—persons who are very sincere in their motives but are poorly informed and misinformed. As George Bernard Shaw once said, “If a man isn’t up on something he is usually down on it.”

Where do these people obtain bases for their objections to fluoridation? What do they cite as evidence of the harmfulness and dire effects on people who consume fluoridated water? An examination of their arguments will

reveal that their evidence has come from one or more of the following sources.

- Out-of-date material written by well-known persons.
- Little known lay magazines, newspaper articles, "letters to the editor" or health fadists' periodicals.
- Incorrect or ill-chosen terminology used by well-known persons.
- Partial quotes from authoritative sources.
- Misinterpretation, intentional or based on an incomplete knowledge of the subject.
- Unwarranted or hasty conclusions drawn from research work.
- Completely unsubstantiated and undocumented statements from obscure "scientists."
- Little-known, out-of-date or unrecognized medical dictionaries and encyclopedias.

Answers to Objections. A review of newspaper articles from cities in North Carolina where there has been opposition to fluoridation provides the following objections which seem to appear most frequently. Here is what has been said:

1. "Fluorides in the public water supply may have a harmful effect on human beings."

It is significant that there is more evidence regarding the safety of fluoridation than there is for the addition of any chemical to a food or food product.

For generations more than 3,000,000 people in the United States have been living all their lives in areas where the drinking water naturally contains fluorides in concentrations as high or higher than that recommended for dental health.⁹ Many studies have been conducted among these people by competent investigators, and the search has been painstaking, yet no one has been able to find any adverse physiological effect except an enamel defect known as dental fluorosis in areas where the fluoride concentration is too high.

2. "Fluoridation benefits only children."

It is true that in the beginning of a fluoridation program, the greatest benefits accrue to the younger children; however, as these children become adults, they will continue to benefit and eventually the entire continuous-resident population of the community will be receiving full benefits from fluoridation. Studies conducted among adults in fluoride areas show that the dental benefits continue throughout life.¹⁰

3. "Fluoridation is still in the experimental stage."

There is not one public health measure in use in this country today in which all research possibilities have been exhausted. Doubtless, as time

goes on, finer details will become known that may even more greatly enhance the value of fluoridation. This does not mean, however, that we have not reached the stage where fluoridation can be undertaken with assurance of its safety and benefits.

4. "Costs are going up all the time, and the city can't afford to add another item to its budget."

This statement might more correctly be stated, "The citizens can hardly afford the luxury of going without fluoridated water." Experience in more than 300 communities in the United States has demonstrated that fluoridation is an inexpensive procedure. The cost varies in different cities but averages about a dime a year per person, often less than the cost of an ice-cream-cone. Fluoridation will reduce future dental bills for fillings, extractions and replacements. The cost of an average filling will pay for fluoride for one person for about thirty years.

5. "Fluoridation constitutes socialized medicine."

Fluoridation does not constitute a remedy; it does not treat an existing disease. Fluoridation is no more "socialized" than is chlorination or other measures employed by the community for the prevention of disease. In fact, fluoridation represents one of the most realistic arguments against "socialized medicine" inasmuch as it is a preventive measure and is a project which communities determine and provide for themselves.

6. "Fluoridation is compulsory medication in that everyone is compelled to drink the fluoridated water."

Fluoridation does not mean compulsion on the part of individuals any more than does the use of other community resources, including chlorinated water.

The community cannot force people to be vaccinated but the schools can exclude those who are not vaccinated. The community cannot force the people to drink pasteurized milk, but it can pass an ordinance forbidding the sale of nonpasteurized milk within the community. There can be no law forcing people to drink chlorinated water or fluoridated water or any water at all, but the community can chlorinate or fluoridate its water as a health measure. To use an even more extreme illustration, one cannot deprive people of the right to have mosquitoes on their property, but the whole community can be sprayed.

7. "Through just one twist of a valve, an enemy could flood the city with poisonous fluorides and kill off the whole population."

This statement is ridiculous, but it has appeared in several newspapers. It seems hardly possible that saboteurs would attempt to rely on tons of sodium fluoride when one ounce of botulinus toxin in a reservoir of water would be more apt to produce such an effect.

Acute morbidity, manifested by increased salivation and vomiting, may be caused by ingesting 0.25 g. sodium fluoride. This quantity in an 8-ounce glass of water represents 1,000 ppm sodium fluoride or about 450 ppm fluorine. To obtain this concentration, it would require more than four tons

of sodium fluoride per million gallons of water processed, a requirement which is obviously not possible in a program of water fluoridation even if gross negligence occurred.¹¹

8. "One could just as well add fluoride to table salt, milk, bread or some other foodstuff."

Fluoride is a natural constituent of many water supplies. The discovery that fluoride ingested in proper amounts reduced tooth decay was the result of work in towns where the supplies contained fluorides naturally. Water, therefore, is a natural medium for caries control. It is impractical to add fluoride to table salt because it is not uniformly consumed and because the use of salt with a common fluoride content would be hazardous in view of the widely varying natural fluoride content of water supplies. Practical difficulties of a similar type would hamper the "fluoridation" of milk and bread. For example, control testing would be difficult and responsibility for the procedure would be divided.^{11, 12} Fluoridation of the public water supply is especially practical and safe because it is constantly subject to control by competent health authorities and does not require action on the part of individual citizens.¹³

9. "Even dentists and physicians do not agree that fluoridation is a safe procedure."

There never has been nor ever will be complete unanimity on any public health measure. Physicians do not yet agree one hundred per cent on such well accepted public health practices as vaccination, chlorination and pasteurization. The fact that every national health body in the United States that speaks with authority on the benefits and safety of fluoridation has adopted policies favorable to the measure should dispel any fears that the majority of physicians and dentists in the United States are significantly divided in their opinions.

10. "The national health agencies, such as the A.M.A. and A.D.A., are simply echoing one another's approvals. Neither of these has done any research work of its own."

This statement is entirely misleading since many of the members of the organizations noted have participated directly in experimental studies, population surveys and other investigations that have demonstrated the safety and desirability of fluoridation. Consequently, the conclusions of these agencies reflect the expert knowledge of their individual members who have participated in the original work relating to this procedure.

The official actions of these Associations, with respect to the safety and efficacy of fluoridation, were taken only after critical evaluations of research data. The evaluations were made by councils composed of many of the nation's outstanding medical and dental scientists.

11. "Since fluorides were added to the water supply in Grand Rapids, there has been an increase of fifty per cent in the number of deaths from heart disease, intercranial lesions and nephritis."

This statement was first made by Representative A. L. Miller (Nebr.) in the *Congressional Record*. Representative Miller has been shown to be

in error because he was comparing 1944 data for the city of Grand Rapids with 1948 data for the whole of Kent county in which Grand Rapids is situated. The number of deaths from these diseases in comparison with the population did not increase any more than the rate for the nation as a whole. It is difficult to understand why these data are given in the fluoridation report when Representative Miller asserts that "I am not now saying that the increase in deaths is due to putting fluorides in water; in fact, I would doubt this very much."

Citizens' Committees. The responsibility for water fluoridation belongs to many groups in the community. Among these groups are the dental society, the medical society, the health department, water works officials, city officials and civic organizations. The dentists in North Carolina have demonstrated their desire to lend all possible assistance in interpreting to the community the benefits of, safety of and need for fluoridation and have given generously of their time in providing leadership in this important public health measure.

City officials, however, have the final authority in acting on the recommendations of the city's professional groups by adopting an ordinance that will provide for the purchase and installation of equipment and the supervision and maintenance of the fluoridation program. In order that city officials may act with full assurance that fluoridation is the desire of the citizens in the community, they need expressions of this desire from well-informed civic organizations. Such strong support also outweighs possible objections of uninformed and misinformed individuals. One of the most important points then, in securing community acceptance for fluoridation, is the need for an active citizens' committee which represents a wide segment of the community. Helpful advice on forming a citizens' committee can be obtained from a manual published by the American Dental Association entitled, "Securing Community Acceptance for Fluoridation." In addition, comprehensive kits of fluoridation information materials can be obtained from the Association. Single kits are free of charge to dental societies and additional copies are available at cost.

Professional Advisory Committees. One method of assistance to city councils in studying fluoridation proposals is the appointment of a professional advisory committee to evaluate the measure. The city council may request representatives to such a committee from the medical and dental professions and other persons with scientific background. This committee may then have the power to conduct hearings on the pros and cons of fluoridation and to submit their findings and recommendations to the city council. The professional committee assists the city council in weeding out unscientific and unsubstantiated reports.

An Informed and Unified Profession. One prerequisite to a successful fluoridation program is an informed dental profession which is unified in its action. Dentists who object to fluoridation should have ample opportunity to present their objections before the dental society and to substantiate their findings in whatever way they can. Likewise, the safety and benefits of fluoridation should be thoroughly discussed and then, when the dental

society makes a decision as to what action it wishes to take on fluoridation, this recommendation should be made public.

A few professional people, presenting unsubstantiated statements before the public, can only promote confusion in the minds of the people and poor public relations for the dental profession. The best interests of the health of the people in the community are not served by dissension within the society.

Health Department Assistance. Dental societies need not and should not attempt to carry the fluoridation program alone. North Carolina is fortunate in being one of only seven states in the nation that have one hundred per cent coverage by local health departments and is one of only two states in which each of these departments is served by a dental member on the local board of health. The state and local health departments in North Carolina have official responsibilities in assisting communities in the promotion of health, and the dental profession has every reason to be confident that the health departments are supplying and will continue to supply valuable assistance in the fluoridation program. Health departments can assist in health education of the public, in informing civic and professional groups of the safety and public health significance of fluoridation and in supplying technical information on the engineering phases of the program.

What Dentists Can Do. Once the citizens' committee has been formed and the dental society has provided the leadership in the inauguration of a public information program, the dental society and its individual members assume the role of advisers in presenting scientifically and accurately the evidence in support of fluoridation. Dental society members can assist the committee—

- by telling patients about fluoridation and by distributing leaflets in dental offices;
- by arranging for members of the society to speak on fluoridation before any and all community groups;
- by making available all aids which can be procured from the local, state and national societies and from local and state departments for telling the fluoridation story to the public through press, radio, displays and so on (such aids should be directed, in most instances, through the citizens' committee);
- by employing, if possible, technical assistance in publicity and promotion.

Fluoridation Progress in North Carolina. The dental profession in North Carolina has already demonstrated able leadership in the fluoridation program in this state. Including the two communities supplied by Charlotte, there are now four communities receiving fluoridated water and twenty-one more approved. In addition, there are thirty-one other communities in North Carolina seriously considering the project. It is estimated that thirty-five per cent of the population of North Carolina is

served by public water supplies and that two thirds of these people may have fluoridation within the next few years.

The dentists in this state recognize more than anyone else the potentials that exist in this program for the improvement of the dental health of the people. They recognize also that fluoridation is only a part of the solution. There are 650,000 school children in North Carolina not served by public water supplies and who should be benefiting from topical applications. Fluorides, however administered, will not prevent all dental caries and other dental diseases. There is room for an even more widespread application of known preventive measures, for the development of new preventive measures, for more effective dental health education and for corrective services.

Conclusion. The efforts of the dentists in North Carolina represent a graphic example of a health profession living up to its highest responsibility: the prevention and control of diseases. Through your encouragement and efforts and the leadership of Dr. Ernest Branch, you have developed one of the most outstanding dental health programs in the country. These efforts have taken a great deal of time, patience, vision, courage and diligent effort. Fluoridation, too, will take all of these things. Even though it seems discouraging on many occasions, fluoridation is destined to go down in history as one of the greatest advancements ever made in public health.

The following quotation taken from the proceedings of the Rural Health Conference held in North Carolina a year or two ago seems quite appropriate now as it applies to the fluoridation program:

"It does take time. Time for people to accustom themselves to the idea of getting together. Time for them to think over their problems. Time for them to collect the facts, to mull over possible ways of doing what they see needs to be done. It takes time for people to listen to each other. It takes time for them to move—to make mistakes and start again."

References

¹ Dean, H. T. Fluorine: water-borne fluorides and dental health. In Wisan, J. M. and Pelton, W. J. Dentistry in public health. Philadelphia, W. B. Saunders Co., 1949.

² Arnold, F. A. Jr. Role of fluorides in preventive dentistry. J.A.D.A. 30:499-508 (April) 1943.

³ Stadt, Z. M. Fluoridation—North America (Mimeographed) Charlotte, N. C., 1950.

⁴ Hill, I. N., Blayney, J. R., and Wolf, W. The Evanston dental caries study. VII. The effect of artificially fluoridated water on dental caries experience of 12, 13- and 14-year-old school children. J. D. Res. 30:670 (Oct.) 1951.

⁵ Blayney, J. R. Report before the International Association for Dental Research at Colorado Springs, Colo. News release, University of Chicago, March 19, 1952.

⁶ National Institute of Dental Research, National Institutes of Health. Fluoridation exhibit. First showing, February 1952, Midwinter Meeting, Chicago Dental Society.

⁷ Pelton, W. J. The development of fluoridation. Paper presented at Annual Meeting of Pacific Northwest Section of American Water Works Association, Tacoma, Wash., May 12, 1950. (Mimeographed)

⁸ Hildebrand, G. J. Sheboygan Survey 1951. (Dittographed report) Sheboygan, Wis. (Jan. 11) 1952.

⁹ Hill, I. N., Jelinek, O. E., and Blayney, J. R. The Evanston dental caries study. III. A preliminary study of the distribution of fluorine in communal water supplies in the United States. J. D. Res. 28:398 (Aug.) 1949.

¹⁰ Russell, A. L. and Elvove, Elias. Domestic water and dental caries. VII. A study of the fluoride-dental caries relationship in an adult population. Pub. Health Rep. 66:1389-1401 (Oct. 26) 1951.

¹¹ Cox, Charles R. and Ast, David B. Water fluoridation—a sound public health practice. J. A. W. W. A. 43:641-648 (Aug.) 1951.

¹² Questions and answers on fluoridation of public water supplies. "Willing Water," A. W. W. A., Vol. 14 (April) 1951.

¹³ Statement of Inter-Assoc. Com. on Health Feb. 1, 1952.

PRESIDENT HUNT: Thank you, Dr. Phair for a very efficient and capable presentation of what I think is one of our most important dental health programs.

Directly after this next presentation, we will have a ceremony held here on this rostrum which does not appear in the program and I would advise each and every one of you and your friends to be present.

At this time, I shall recognize Dr. R. R. Howes, who will present the next clinician.

DR. RALPH R. HOWES: President Fred, members of the North Carolina Dental Society and guests: Prosthetic Dentistry for Children is a branch of our healing art which merits far greater attention and skill than most of us realize.

Our next essayist is widely recognized as an authority in this field. He is now Professor of Pedodontics at our own School of Dentistry at Chapel Hill. He will give us that which we can take home to our offices and apply so that we may give better service to our patients.

It is a privilege to present to you at this time W. W. Demeritt.

(Applause.)

DR. DEMERITT: Members of the North Carolina Dental Association, guests, ladies and gentlemen: This is a real honor to me this morning to be asked to appear on this program. You know, to be able to come to North Carolina is one of the finest things, at least I am convinced, that ever happened to me in my life. I hope that as time goes on, I can achieve some of the things which I have dreamt of achieving.

I would like to see in North Carolina every dentist who is interested in children doing his share to carry the burden. I see a gentleman sitting in the audience who has brought the children to the dentists' door in the last 25 years, and he has set the stage for us to now go on and get those children inside of the doors where something can be done for them.

It is really a shame that I have to talk about prosthetic dentistry for children. It is one of those things that all dentists should be ashamed to know—that such a thing even has to exist.

I see in the audience, too, many men who have heard me before. They say lightning never strikes twice in the same place, but I don't guess I am lightning, but here I am striking again and I am honored that some of you folks will come and listen to me tell my story in maybe just a little different way this morning.

I feel something like the teacher who walked into the school room and up on the board she saw this drawing, quite a grotesque thing, and written underneath it was, "Teacher." She didn't know just how to handle a psychological situation such as this, whether to jump up and down, get a little mad at the students, so she thought it over for a minute quite calmly and then said to the students, "I don't think that is a very nice thing for you all to do, draw a picture like that up there on the board and say 'Teacher'." She said, "What I would like to see done here this morning is that I would like to have all of us put our heads down on the desk and whoever is guilty of drawing that picture up there, we won't look and we won't peek, I would like for that person to go up and erase that from the board and then we will go on with the class."

So, all the students put their heads down and a few minutes later you could hear the patter of little feet going up to the board, then the patter of little feet returning and sitting down.

Then the teacher said, "All right. That was very nice. We will all raise our heads now." When they looked up, there was another picture drawn exactly like it and it said, "The phantom strikes again." (Laughter.)

I guess maybe I am a phantom because here I am striking again, and again let me thank you for allowing me to do so.

This subject which I am going to present this morning as rapidly as I can, prosthetic dentistry for children, is one which I became interested in about seven years ago. There are certain basic reasons why I feel that these prosthetic problems are necessary. It is again the old story for the loss of a nail the shoe was lost, for the loss of a shoe the horse was lost, for the loss of a horse a man was lost, for the loss of a man a war was lost. It is true here in the prosthetic problem. If we can just get to these children early enough, if we can practice the preventive procedures which we understand, then these pictures which I show this morning will not be necessary in the future. But you can rest assured, ladies and gentlemen, that if something is not done, if we don't get fluoridation in water, if we do not educate the parents to be moderate in the use of sugars and all those things which we all know, if we do not get that story across, then as of now—yes, now—we are losing the next war. We are losing in the mouths of our children. If we don't get that story to them, it is going to be too late, so help me, come World War III, which I am sure, and I am not a war monger, is inescapable.

So, we had better get to these children and stop this problem which is facing us not only in North Carolina—this is true all over America.

There are dental cripples and dental wrecks even in our young children. We know that one out of every two children at two years of age is already a victim of dental caries. It is then no wonder that by two, three, four and five we have to make these prosthetic appliances for them.

If we can have the first slide, I will show you a few of the reasons why I am convinced there is a necessity for prosthetic appliances.

(Dr. Demeritt then presented a series of slides with accompanying comments.)

PRESIDENT HUNT: It was my privilege to have Dr. Demeritt down for a dove shoot. None of the birds flew too fast. It seems the faster they flew the easier he killed them. I am now convinced he can talk just as fast and just as well as he can shoot. We are happy to have had you with us for this fine presentation.

I am sorry we are running late, but nothing could be done about it.

At this time I shall ask Dr. Ralph D. Coffey of Morganton to approach the platform.

DR. COFFEY: Mr. President, ladies and guests, members of the North Carolina Dental Society: Due to the fact that this is in no way an official act of the North Carolina Dental Society, I want to thank the President for allowing me this time today.

First, I would like for someone to please have Mrs. Darden Eure come to the platform—I don't believe she is in yet—and will Dr. and Mrs. Sandy Marks please come to the Speaker's Platform.

For the information of our new members and guests present here today, I would like to give you just a little background of the couple that we have with us.

In the Spring of 1948, Sandy and Kitty applied for and were accepted as missionaries. They sailed from New York in August of the same year with their three children, Sandy, Jr., Stewart, and Katy. Their destination was the Belgian Congo. They remained there for three years.

The decision of this couple to enter this type of the ministry takes a great faith. Those of us in the North Carolina Dental Society know that they have capacity. Sandy was a successful practitioner in Wilmington. His council, technique and his knowledge were sought by both young and old alike.

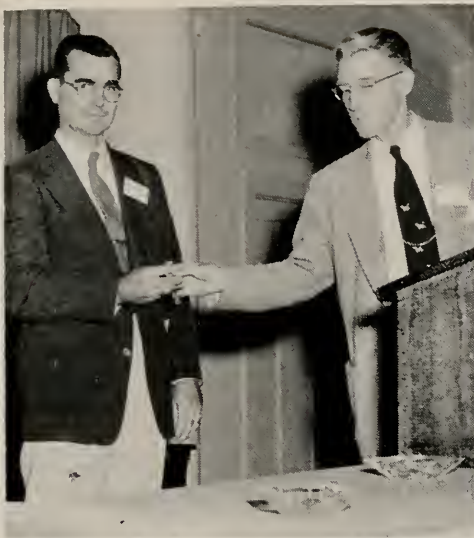
I do believe that this decision was a true call as no one can talk to Sandy without a realization of the sincerity in his present work.

Sandy and Kitty have been home now for almost a year on their leave. They will sail in August, and upon their return to the Congo, there will be a great challenge awaiting them, that of establishing a dental school for the natives. I know that they will be successful in this venture.

The ministry of this couple and their healing, the alleviation of pain, their teaching and preaching, brings untold happiness to the natives of Africa. We are commanded to do these things, but so few of us respond.

Sandy, the friends of this Society feel that we would like to do something for you to remind you at all times that we here at home think of you. We cannot go with you on this mission, but you may be assured that our prayers are with you at all times. We felt that some tangible gift would be appropriate to such a fine couple, and in making this gift, we too sanction this great work, the building of His Kingdom here on earth.

On behalf of your friends, I present to you this key. This is not a key



Above: Dr. and Mrs. Sandy Marks receiving keys to station wagon from Dr. Ralph Coffey and Mrs. Darden Eure.

Standing beside the station wagon which was a gift from the members of the Dental Society and the Dental Auxiliary are little Miss Anne Coffey, and Dr. and Mrs. Marks.

to the city, but rather a key with which you may enter many cities. This is one-half interest in an automobile which we have for you here today.

Jackie, if you will make proper dispersement of the other half.

DR. SANDY MARKS: I guess I will have to swallow two or three times to keep my heart from jumping out of my throat.

By no stretch of the imagination can we believe that we deserve such a gift as this, and we are humbly grateful to you, and we want to thank you and say God bless you all. (Applause.)

MRS. DARDEN EURE: I tell you, Sandy, you can't drive that until I give this other part to Kitty.

Kitty, will you stand with me, please?

On behalf of your friends among the North Carolina Dental profession, we would like to give you this key to this automobile and trust that you may know that as you go through the jungles—I was going to ask that when you saw the savages, you would remember us ladies, but I don't think that sounded right, so I am going to change it a little bit and say, "As she looks at those lovely ladies, she will just remember us and know that we remember her and our prayers go with her."

Kitty, we are awfully proud of you.

MRS. KITTY MARKS: "Thank you" are the words we use so freely, and I wonder how often we realize how much they mean.

Thank you from the bottom of our hearts. (Applause.)

DR. COFFEY: To those who would like to see the present, we are going to meet out front. Thank you for this time.

PRESIDENT HUNT: I am sure all of us appreciate what Ralph Coffey has done and Mrs. Eure has done, and, further, I am sure we appreciate the sacrifice that the Marks family is making in contributing their lives to the natives of Africa.

Sandy, I should like to again say to you and to Kitty that we are deeply proud of you and our love will go with you back to your work in Africa and we shall at all times be glad to assist you in any way possible.

The meeting is now adjourned until 2 o'clock this afternoon in this room.

MONDAY AFTERNOON SESSION
General Session

The session was called to order at 2:30 o'clock p. m., President Hunt presiding.

PRESIDENT HUNT: The afternoon session will now please come to order.

I shall recognize Dr. T. L. Blair of Winston-Salem who will present our first essayist of the afternoon. Dr. Blair.

DR. T. L. BLAIR: I deem it a signal honor to introduce our speaker this afternoon, for his record in dentistry is really a page out of Who's Who. I am really basking in reflected glory to be asked to present this gentleman. He has done a wonderful piece of work for dentistry, and, just to mention a few of his accomplishments, he was President of the Dubuque Dental Society, President of the Iowa State Dental Society, President of the American Society of Oral Surgeons; he is co-founder and diplomate and secretary of the American Board of Oral Surgery, member of the Federation Dentaire Internationale, the International College of Anesthetists, Fellow in the American College of Dentists, and with all of this and more, he has not lost the warm, friendly, personal, homey touch.

Gentlemen, Dr. Leslie M. Fitzgerald of Dubuque, Iowa.

DR. FITZGERALD: Members of the North Carolina Dental Society and guests: To say that I was flattered when I was asked to come to Pinehurst today and speak to the meeting of the North Carolina State Dental Society, to say that I was pleased, would be a very small way of expressing how I feel.

When I was asked to come here, I accepted immediately because I have never been in North Carolina and I have some very, very fine friends whom I have met over my period of years in dentistry in North Carolina, men that I have looked up to, men whom I have respected, men who have done a great deal for dentistry.

To name only a few of those, of course comes your former Past President, Clyde Minges. Clyde Minges has done a great deal for dentistry. He has been an inspiration to me. I have seen him work in the American Dental Association and saw his work as Trustee and as President.

I was deeply shocked this morning when I learned that my old friend, Jimmie Sinclair had passed away. In fact, last night I was looking for Jimmie. Jimmie and I have been friends since back in 1934 when they organized the Committee on Economics of the American Dental Association. We worked hand in hand from the beginning of that Committee back in the days when it was not too popular to be opposed to socialized medicine and dentistry, when this Committee took the stand that they did of being opposed to it. There are many men who, in those days, were a little reluctant to take that stand because it looked inevitable, and it looked like it would be smart to be able to get on the band wagon, but not so with men like Jimmie Sinclair.

I have known him through all these years and I have loved him. As I say, I am deeply touched that he is not here today.

Henry Lineberger I have known for many years. I knew he had passed on. I worked with him, worked with him in the American College of Dentists, and I deeply respected him.

I have known your members, like Wilbert Jackson, Paul Jones, and

many of these other men in the House of Delegates. Of course, it would be wrong for me to forget my good co-worker in Iowa whom we lost to you in John Brauer, your Dean. I know John is going to do a grand job in the new school. He has already shown his abilities.

I thought it might be well for me to spend just a few minutes before going into the heart of my presentation to state something on oral surgery as a specialty because I am going to devote my formal part of the presentation in presenting oral surgery from the standpoint of the general practitioner.

There are many questions asked: What is this American Board of Oral Surgery? What are the requirements? What is it good for? Why do we have to have another Board? So, I thought it might be well just to give you a little history of the formation of the American Board of Oral Surgery.

Many years ago, in fact it was in San Francisco in 1936, there was an idea that there should be a Board, American Board of Oral Surgery formed. Nothing was done about this over a period of years because we saw no particular need for it until about 1945. The American College of Surgeons and American Hospital Association, in elevating the standards of hospitals, set up a requirement that to have a standing in the hospital, to be head of his department, you must have your Board and your specialties. Therefore, it became imperative that the oral surgeons be permitted to carry on and do something about this.

So, in Miami, in 1946, the American Society of Oral Surgeons asked the House of Delegates to authorize the Council on Dental Education of the American Dental Association to set up standards and requirements for the American Board of Oral Surgery who would operate under their direction and jurisdiction, and out of that the American Board of Oral Surgery was formed.

The American Board has progressed and, to date, we have held nine examinations. There have been approximately 225 oral surgeons certified. There is a large backlog of applications on file.

I want to clarify this point before I go beyond this—that is, that the American Board of Oral Surgery is strictly a certifying body. A man does not have to have the approval of the Board to practice oral surgery. There are some States that require licensing of oral surgeons, and there are some States who do not. A man in those States that are not licensed, can set himself up in the practice of oral surgery, and there are many, many men practicing oral surgery today who are well qualified to take the American Board of Oral Surgery examination, but do not care to do it because of their time and practice.

Out of this, of course, has come the necessity of providing institutions to give the training that is required and that is to my mind one of the biggest things that has come out of the organization of the American Board of Oral Surgery. I feel that it has raised the standards, it is bringing oral surgery to the level at which it belongs, but we do not have

enough institutions offering the training that we should have to do oral surgery in all its phases, but we are getting more and more institutions that are providing this.

The machinery that is set up for the approval of these agencies is slow, as all things must be slow, and at the present time, under the Constitution and By-Laws of the American Dental Association, the Council on Hospital Dental Service examines the residency and internship programs, and makes its recommendations and reports to the Council on Dental Education, whose job it is to approve, and they are doing a grand job, but it is slow. There are more and more training centers opening up, however, and I feel that within a short time we will be working full steam.

The question arises, "Why do we need all of this? Why do we need this extra training? After a boy has finished his dental college training, why does he need three years of advanced training?"

If we are going to keep oral surgery in the field of dentistry, it is going to be necessary that we provide men who can do the work which we feel belongs to oral surgery. If we are going into a field of merely the removal of teeth, that is one story; if we are going to cover the field that should come into oral surgery, men whom I feel are capable of doing this work must have a dental degree. A man who is going to operate upon the mouth and jaws, it seems to me, should have a dental background and that holds true for your cleft palate cases. I feel that a man who has his dental background and has the advanced training is the man who will do a better job of cleft palate work.

We are going to have men who are capable of doing the osteotomies in the treatment of mouth disease, and those men necessarily should be men with a dental degree.

We are going into cases where many of these obscure, unknown pains that we in the past have thought possibly, in many cases, were diagnosed as tic douloureux, tri-facial neuralgia, if you will, were caused upon impingement of nerve due to the closing of the bite, of the meningeal injury. If these operations are going to be done, or that type of work, again I think it should be a man with a dental degree.

I could go on here the rest of the afternoon discussing that phase, but I do not believe that that is what you are here for. I only want to say that I feel if we do not train our men to handle that work, it is going into the hands of the otolaryngologists and with that will go probably your impacted third molars, salivary cochlea, etc., etc. That is one phase of dentistry, and we are confronted with another phase of it.

We have our laboratory picture, cutting in on the key of the prosthetic end of it. We have been threatened with the dental nurse problem where these girls will be given two years training and be allowed to operate on children's teeth. With that will go our operative work, and I don't know what is going to be left for dentistry if we allow all of these phases to go. They will not go—I have no fear they are going to go, because I feel that we have men in dentistry who are anxious and are willing to exert them-

selves to hold all of these things and to provide that service to the public. After all, the true set of work evaluation will come from the public and the men who are doing the better job are the men who are going to do it. I feel that it is dentistry's place to provide that service to the public.

With that, I will go into the formal presentation of my paper, which will deal with oral surgery as I see it, as practiced in the everyday office. If, at times, this appears very elementary, you will pardon me for it. It is hard to decide just at what level you should keep talk of this kind, but I feel that if I can leave you one or two points to take home with you then my trip to Pinehurst will be well worth my while.

FUNDAMENTAL PRINCIPLES OF ORAL SURGERY

Previous remarks have been devoted to the importance of maintaining oral surgery as a branch of dentistry and that this responsibility rests in the ability of the Doctor of Dental Surgery to render good oral surgical services.

It is understood that the services of a qualified oral surgeon are not available in all areas; therefore, it is important that the general practitioner be prepared to provide emergency oral surgical service and handle the minor oral surgery cases in his community.

With the above in mind, I have elected to discuss certain factors which may aid in the prevention of many oral surgical difficulties and in the caring for complications that may arise.

Many difficulties can be eliminated by adequate preparation and recognition of fundamental surgical principles.

Preoperative study, diagnosis, treatment planning, technical procedure and postoperative management are equally important phases of good surgery.

The first important factor of preoperative consideration is a good history. The patient's history may reveal certain constitutional conditions that warrant consultation with the family physician or internist. Blood dyscrasias, diabetes, syphilis, pulmonary, cardiac and renal diseases are some of these conditions.

Many times examination of the mouth will reveal symptoms of blood dyscrasias or other systemic diseases.

The patient's history may be a factor in determining whether to operate in the office or at the hospital.

The type of anesthetic to be used may be influenced by findings revealed in the history.

At times we are confronted with an apprehensive nervous patient who presents symptoms approaching shock, such as palpitation, profuse perspiration and syncope. Premedication is helpful in decreasing the incidence and severity of these toxic reactions. One and three-fourths grains of nembutal the night before and repeated one-half hour previous to opera-

tion is very helpful. One-half grain of seconal by mouth or .5cc of demoral intramuscularly, administered one-half hour prior to surgery, is also used. No premedicated person should be allowed to leave the office unattended.

If the patient gives a history of coronary attack, rheumatic heart disease or subacute bacterial endocarditis, premedication with penicillin or some other antibiotic is recommended as this may prevent showers of organisms being carried into the bloodstream, resulting in a transient bacteremia. Such organisms circulating in the bloodstream may become lodged upon, or in, a previously damaged heart wall or valve, thus causing an acute exacerbation of the chronic disease.

The recommended procedure is 400,000 units of penicillin intramuscularly the night previous to operation and repeated daily for three days postoperatively.

If the patient gives a history of diabetes, the patient's physician should be consulted and no surgery performed until the diabetes is under control. The diabetic condition may be aggravated immediately following surgery. This may require increased dosage of insulin. Additional acidosis caused by surgery may prove fatal. Resistance and defense, always low in these patients, are reduced further and postoperative infection may develop. The anesthetic of choice in these patients is novocain with a minimum amount of adrenalin.

Patients suffering from hypertension also should have a minimum amount of adrenalin.

When a patient gives a history of a tendency for abnormal bleeding, a blood examination including hemoglobin, red and white cell count, differential, coagulation and bleeding time, platelets and prothrombin should be made.

Systemic causative factors in hemorrhage are hypertension, jaundice, diabetes, menstruation, ascorbic acid deficiency, hemophilia, anemia, leukemia, thrombopenia, and Vitamin K deficiency. If the clotting or bleeding time is abnormal, the cause should be determined and corrected before surgery—prothrombin deficiency may be corrected by Vitamin K therapy. In cases of hemophilia, transfusions of blood or plasma may be helpful.

Following the history, an examination should be made of the tissues of the lips, buccal mucosa, palate, floor of the mouth, tongue, oral pharynx, condition of teeth including vitality test. The condition of the oral cavity is an important factor in the prognosis of any oral surgery procedure.

Special attention should be given the third molar area as the operculum or pericoronal flap is an ideal site for harboring Vincent's organisms. If there is evidence of pericoronitis, the use of a dioxogen mouth wash and painting of the area with ravinol, or some dye such as methylene blue, is indicated. When local manifestations are accompanied with constitutional symptoms, supportive treatment with hot moist compresses externally, hot saline irrigations intraorally and daily administration of 400,000 units of penicillin intramuscularly or some other antibiotic should be prescribed.

If the symptoms are severe, the patient should be hospitalized as it is difficult to administer the proper treatment in the home.

The clinical manifestations at this stage are a decided rise in temperature, sore throat, enlargement of salivary and cervical glands, trismus, dehydration and general malaise. The hot compresses, intraoral irrigations and antibiotic therapy should be continued. Routine blood and urine examination should be made.

Following the evaluation of the clinical findings, a complete roentgenographic examination should be made. This should include edentulous areas and, at times, in addition to the routine periapical views, occlusal views and extra oral lateral jaw roentgenograms. This examination should reveal the size, form, location and position of the teeth, anatomic relation, curvature and abnormalities of roots, including the relationship of the roots to the mandibular canal and antrum, amount of bone obstruction and any existing pathosis.

At this time, it might be well to discuss the reason for some of the severe reactions that may occur following surgery in the lower third molar area.

The pathologic sequences with which the mandibular third molar has an etiologic relation are more varied than those associated with other teeth. Such variation is attributable to the anatomic relation of the soft osseous structures contiguous to the mandibular third molar. The anatomic relation of this tooth to the lingual cortical bone and the regional musculature and fascia are factors which may affect the limitation and directional pathways of infection. Trauma in mandibular third molar surgery, because of these factors, is more damaging than that associated with removal of other teeth.

The dense, thick, buccal cortical bone is refractory tissue in both surgery and in resolution. The operculum contains fibers of the superior constrictor and masseter muscles.

Infections associated with the mandibular third molars may be considered grossly as pyogenic or anaerobic. Fusospirochetal disease of the operculum exists alone as a clinical entity or a predisposing cause of pyogenic infection. This anaerobic infection may be the cause of a localized osteitis.

The retromolar crypt and the space between a mesio-angular or horizontal impacted third molar and adjacent tooth may be an area of chronic bone disease, which may be transformed into a fulminating process by trauma in the removal of the third molar. Incision of the operculum or removal of the tooth during the acute stage of infection is contraindicated as surgical trauma often causes extension of infection into contiguous tissue. It is better to wait until a balance between virulence and resistance has been re-established. It is true that with the present availability of the antibiotics grave sequelae have been lessened; nevertheless, it is better judgment to utilize the antibiotics preoperatively.

If the pericoronitis does not respond to treatment, the possibility of a

blood dyscrasia, osteitis fibrosa cystica, actinomycosis or a malignancy should be considered. At times the true nature of the lesions associated with third molars can only be determined by microscopic examination of the excised tissue.

In some cases the unerupted tooth may appear to be completely imbedded but there may be a minute fistula or leak from the mucous membrane to the tooth permitting the entrance of infection. These teeth, as well as the partially erupted tooth with an operculum, should be removed on a prophylactic basis.

Following the clinical and roentgenographic examination, a carefully planned operative procedure should be outlined. Primary consideration must be given to good vision, hemostasis and the gentle handling of tissue. Every step from the initial incision to the closure of the wound should be visualized. Principles in making incisions in oral surgery are the same as in other fields of surgery. They should be adequate to provide good vision and access to the field of operation. The type and extent of incision should be governed by direction of blood supply, location of nerves and muscle attachments.

(Discuss incisions for third molars, impacted cuspids and removal of roots from antrum.)

A good headlight, suction aspirator and retractors are essential. A set of well selected forceps and elevators should be available. Forceps should be adaptable to the shape of the crown of the tooth. There are two types of elevators, those used as incline plane to slide along the root surface and those designed to "bite" into the cementum. (Discuss use of small excavators #19 and 20.)

If the tooth resists forcep pressure and "no give" is felt, the tooth should be relieved of some of the surrounding bone. (Cuspids or other teeth with surrounding dense bone.)

If a tooth crumbles or fractures, continued use of forceps is usually futile and destructive. Crushing of bone with forceps or elevators should be avoided. Adjacent teeth should not be used as fulcrum. If multirooted teeth fracture at gum line, separation of roots by use of a bur is indicated and pressure applied with elevator to force root into created space. Vertical sectioning of a single root is often helpful.

Fractured root tips should always be removed at the time of operation or shortly thereafter, unless there is danger of forcing the root into the maxillary sinus or mandibular canal. In these cases, the patient should be informed and the procedure frankly discussed with the patient.

Describe technic for removal of hypercementosed roots.

Describe technic for removal of divergent roots.

Describe technic for removal of curved roots.

Root tips of upper bicuspid.

Root tips of upper molars.

Root tips of lower bicuspid.

Root tips of lower incisors.

Salivary caculi.

Ranula.

Papilloma.

Epulis.

Tori.

Hyperplasia (wedge of tissue).

Hypertrophied soft tissue.

Tray of sterile instruments should be available for above procedures.
(See list of instruments.)

Tray of Sterile Instruments for Flap Operations:

Scalpel, periosteal elevator, curettes, chisels, mallet, files, rongeurs, retractors, burs, probes, scissors, tissue-forceps, needle holder and suture.

Emergency Tray for Operating Room:

Essence of coffee.

1 oz. Aromatic spirits of ammonia.

Ammonia Vaporole.

Amyl nitrate vaporole.

Ampule of caffeine sodio-benzoate $3\frac{3}{4}$ gr.

Ampule of camphor ($\frac{3}{4}$ gr.) in 1 cc. of oil.

Ampule of digifoline (1 cc.)

Ampule of Metrozol (1 cc.)

1 oz. of adrenalin (1-1000).

1 ampule of coramine (1 cc.)

Nitroglycerin tablets (1/150).

Luer syringe (2 cc.) with 1 long and 1 short needle.

Metal airway.

Tongue forceps.

Metal mouth opener.

Wooden mouth opener.

Mouth prop.

Dressing Used in Treatment of Dry Socket:

Paste—Equal parts of benzocaine crystals and thymol iodide powder

saturated with dentalone—The paste is incorporated on a strip of $\frac{1}{4}$ " plain gauze and placed in the socket.

Topical Anesthetic

3% Benzocaine crystals.

27% 95% Alcohol.

70% Distilled Water.

Following the completion of the operation for removal of a tooth, cyst, etc., all bony margins should be smoothed, the wound carefully examined for particles of tooth, bone fragments or any other debris and, in cases of lower third molars, the dental follicle or crypt tissue, if present, should be completely enucleated as the residual remnants, at times, contain epithelial inclusions which may be an etiological factor in the formation of cysts, adamantinomatous or odontomatous. At this time, a postoperative roentgenogram is taken. This is routine.

If the bone cavity is not too large, the wound is then closed and sutured. If a dressing is necessary, a strip of one-fourth inch plain gauze saturated with obtundent drugs is inserted and the flap sutured. Following this, a small gauze sponge is placed over the wound and the patient is instructed to bite on this compress until the cavity is filled with blood and coagulation has occurred.

Before the patient leaves the office, proper instruction for home care, preferably written, and an appointment for postoperative check-up should be given.

In spite of all precautions, postoperative complications may occur and every dentist should be prepared to meet these emergencies. The control of postoperative pain is a problem as the reactions and threshold of pain of patients is so variable.

The most frequent postoperative complications that occur are:

Localized osteitis or so-called "dry socket". This is often the result of the breaking down of the blood clot or surgical trauma. The treatment should be palliative. The socket is irrigated with warm normal saline solution to remove all debris, then lightly dressed with one-fourth inch plain gauze strip saturated with obtundent. This is replaced as often as necessary. (Explain.)

Ecchymosis or subcutaneous hemorrhage. This is disturbing to the patient and may occur due to overly tight sutures or in patients with very fragile capillaries.

Hemorrhage, which may be primary or secondary. The local treatment includes ligation, pressure, styptics, application of extreme cold and cautery. Oxydized cellulose, gelfoam and thrombodont cones may be placed in the socket and held in place by suturing. Ligation is the method of choice when bleeding is from the soft tissue. The use of Alginic acid seems to be helpful in controlling hemorrhage. After severe hemorrhage,

the symptoms are a rapid, weak pulse, extreme restlessness, air hunger, extreme thirst, subnormal temperature and physical weakness. The patient should be kept quiet, heat applied to the body by use of hot water bottles, heating pads, blankets, etc. Fluids by hypodermoclysis and blood transfusions may be given.

Trismus and localized buccal or sublingual swelling. The treatment recommended is the use of hot moist compresses externally, hot saline irrigations intraorally and parenteral use of penicillin or some other antibiotic.

Paresthesia. This can be avoided in most cases. However, if it is anticipated, the patient should be told preoperatively.

Cellulitis and Osteomyelitis. These are serious complications that are less common since the advent of the antibiotics. Time does not permit the proper discussion of the treatment of these cases.

A complication that may occur is the loss of roots into the maxillary sinus. The accident is a result of an attempt to remove molar and bicuspid roots by upward pressure. If this occurs, the patient should be advised and the root should be removed without delay. The removal should not be attempted through the root socket as this approach does not give an adequate view of the maxillary sinus and there is danger of creating a permanent intra-oral fistula. A semi-circular incision extending from the apex of the cuspid downward toward the gingival margin of the second bicuspid and upward over the molar area should be made. The mucoperiosteum is elevated and the sinus is entered above the apices of the bicuspid by the use of a bone drill, chisel or rongeur forceps, leaving a good bone margin above the line of incision of the soft tissue for replacement of the flap and to avoid the roots of the teeth. The maxillary sinus may be flooded with a sterile saline solution and then aspirating the fluid with a small suction tip. The root fragment may be found adhering to the suction tip, but if not, the root fragment can be removed with thumb forceps or a curette. Following the removal of the root, the flap is replaced and sutured. If the dentist does not feel qualified to remove the root, the patient should be referred to an oral surgeon at once.

If the antrum is accidentally opened in the removal of a tooth, no effort should be made to irrigate the sinus. In practically all these cases there will be complete healing by the establishment of a good blood clot in the tooth socket. A small gauge dressing is carefully placed *over* the opening of the tooth socket, not packed in. This may be held in place by encircling the adjacent teeth with a figure eight suture. The patient should be warned against blowing the nose or sucking blood out of the socket and given a prescription for Ephedrine 1% in saline solution to be used as nose drops, as this will aid in keeping the maxillary ostium open for good drainage.

Another complication is the loss of a broken hypodermic needle. Fortunately the breaking of needles has been lessened due to better quality of needles and improved technic of injections. Care should be taken that a portion of the needle always remains outside of the tissue, then, if the needle breaks, it can be removed by grasping the visible end with a hemo-

stat. If the needle should break and disappear, the patient or a responsible party should be informed. The removal of the needle fragment is not a surgical emergency but it is best to remove it at once if the operator feels competent; otherwise, refer to oral surgeon before any attempt of removal is made. (Explain technic.)

In all surgical procedures reactions may occur which call for quick action and emergency measures to save the life of the patient. Every dentist should have knowledge of resuscitation methods and the use of stimulants.

It is well to have on hand an emergency dish which contains the mechanical aids and medicaments used in resuscitation. (see printed sheet.) This dish is sealed with an adhesive tape strip and dated. If this dish is opened at any time, it should be checked and any agent used should be replaced before resealing and dating.

Every dentist should be cognizant of the causes, symptoms and treatment of syncope, shock, cardiac and respiratory embarrassment, collapse, cardiac and respiratory failure.

The cause of syncope shock and collapse are surgical manipulation, psychic disturbances, and anesthetics.

Syncope is a sudden transient unconsciousness due to an over-active vasomotor depressor or a fall in blood pressure.

Whether due to the injection of the anesthetic into a blood vessel, too high a percentage of epinephrin, fear, nervous excitement or systemic disorders, the treatment is the same. The chair should be adjusted to the reclining position with the head lower than the feet.

If the patient turns pallid and complains of dizziness, administer coffee or 15 to 20 drops of aromatic spirits of ammonia in water. The inhalation of the fumes from a crushed ammonia vaporole will be beneficial.

Shock is a condition of general depression accompanied by a fall in blood pressure which is caused by a complete exhaustion of the vasomotor center.

Shock may be due to psychic, surgical or anesthetic causes. The patient will have a rapid, feeble pulse and shallow respiration followed by a lessening degree of the cutaneous reflexes, such as cold, clammy skin, and complain of being cold. He may be conscious, semi-conscious or unconscious. The patient speaks slowly and seems to be unconcerned.

The treatment for shock is absolute rest, (give a narcotic if necessary; however, it is not advisable) lowering of the head to preserve blood supply to the brain, wrapping in blankets surrounded by hot water bottles to maintain body temperature, administration of fluids by hypodermoclysis or intravenous injection of normal saline solution and the injection of a vasoconstrictor such as three and three-fourths grains caffeine sodiobenzoate to raise the blood pressure, and the administration of oxygen.

In cases of an attack of angina pectoris, the patient is better in an

upright position and a vasomotor dilator should be used. An amyl nitrite vaporole is crushed and held under the nose of the patient and a tablet of nitroglycerine 1/150 is placed under the tongue.

In cases of respiratory embarrassment or failure, the patient should be placed flat upon his back and the mouth should be opened with the wooden mouth opener and the mouth prop inserted. Pull the tongue forward, insert the metal airway and administer oxygen under pressure. Then remove the inhaler and force exhalation by pressure, up and back, upon the abdomen. This process is repeated at the rate of about twelve to fifteen times per minute. If the patient does not respond, artificial respiration should be kept up for one-half hour or longer.

The mechanical measures should be supported by the use of caffeine sodiobenzoate three and three-fourth grains or Metrazol 1 cc hypodermically. Usually it is found that respiratory failure occurs three to five minutes previous to cardiac failure.

Cardiac failure is usually due to collapse but it may be due to myocardial insufficiency. In case of collapse, the blood goes to the abdomen or the splanchnic area. In these cases, it is well to use 1 cc of epinephrin, subcutaneously or intravenously, or it may be injected into the apex of the heart with a long needle. Where epinephrin is used in an emergency, it is well to support it with 1 cc of digifoline.

I think it bears repetition to state that many cases of syncope, shock and collapse could be prevented if more attention was given to the history and careful examination of the patient, slower injection of the anesthetic solution and placing the patient in a semi-supine or horizontal position before injecting or operating.

Questions Often Asked:

How many teeth should be removed?

When should premedication be used? What drugs?

Should all impacted teeth be removed?

When should the buccal or labial plate be removed?

How should cysts be removed?

Type of Cysts:

Odontogenic cyst—Abnormal development of submerged ectodermal dental epithelium.

(37) Dentigerous or follicular cysts (drown of tooth)

(38) Radicular cysts (Root cysts)

(41) Paradontal (Median and Globulomaxillary)

Others—Incisive and Ameloblastoma

Application and movements of forceps?

What drugs are used for post-operative pain. (5 to 10 grs. of aspirin

3 or 4 hours. Demoral 50 to 100 mg. or 3 gr. aspirin 3 gr. phenactin $\frac{1}{2}$ gr. codeine.)

Cold applications are indicated after trauma or surgical procedures in which infection is not a factor.

(Hematoma from injection.)

If swelling is caused by infection, cold may prolong the duration by inhibiting natural defense mechanisms.

Heat produces relaxation of the tissues and blood vessels are dilated, thus permitting a greater supply of arterial blood.

Blood Examinations

Normal

Hemoglobin, 100 Sahli—15 gms.

Red Count, 4 to 5 million per cubic mm.

White Count, $4\frac{1}{2}$ to $9\frac{1}{2}$ million per cubic mm.

Poly—Neutrophiles, 50-75%

Poly—Eosinophiles, 1-4%

Poly—Basophiles, .05%

Lymphocytes, 20-30%

Monocytes, 5-10%

Platelets, 250,000-500,000 per cubic mm.

Prothrombin, 70-100%

I don't know how much time I have left—it is now 3:30. I would like to spend a few minutes on the question of incisions.

If there are any questions, I was going to ask you to jot them down and ask them afterwards. So, if any questions come to you, we will attempt to answer them. If I cannot answer them, I know there are three or four men in the audience who can, and I am sure we can get by with three or four of us.

The question is often asked, What type of incision do you use under a third molar? We like to use an incision that gives us good vision. It is our feeling that we are better off to make a good incision, sufficient incision to give us a field of vision rather than to make a small incision and then after we start to work, stretch and stretch it until it probably breaks. In other words, a clean-cut incision will heal quicker than an incision that is made by tearing.

On our removal of our third molars, we make an incision, starting about in the cuspid region on the buccal aspect, continuing that incision along the buccal of these teeth below the gingival tips and carry that back

to the second molar, distal to the second molar, and then carry it buccally. If you carry it straight back over the ramus, you may get into a vessel or the lingual nerve and cause a little difficulty.

Then we carefully retract this tissue. That gives us a pretty good area to lay this flap back.

We make this type of a flap and when we come back in this region to dissect, you may run into some tissue that you will have to cut with the scissors or knife, and there may be some adhesions there. You can lay that back, exposing your third molar area. If there is a bone to be removed, you can remove it. I won't go into the question of removal of the third molar because we don't have time, but there remove sufficient bone to expose the crown and then split the tooth and remove it that way.

Following the removal of the tooth, this flap is brought back to place. It is usually only necessary to have one or two sutures in this region. It is not necessary to place these sutures—you can adapt this back and you will get good healing.

If we are removing an upper bicuspid, unilateral impacted cuspid, we make our incision, avoiding the anterior foramen, and come down through the anterior part of the palate.

We are not going to cut into our blood supply, we are not going to interfere with our blood supply as much in that as we do when we come across posteriorly. We have marvelous vision, we can dissect this back, and we have marvelous vision for the removal of that cuspid. I know that I used to do it, and I know a lot of men do—they figure they can make just big enough incision so they can peek at the cuspids and work at it, and pretty soon you have stretched the tissue and destroyed it, and you have a longer healing period than you will if you open up a good flap and have good vision.

We do that same incision if it is necessary to remove a torus. Our incision in those cases is this type of incision, being very careful in the dissecting away from this, exposing this bone, because we know that this is a very thin tissue and a very poor blood stream over that torus. So, we dissect that and lay the flap back, and in those cases we perforate this torus with a burr making many, many holes, because that is going to be gone any way. First, however, get your depth by a small surgical burr before you start doing any chiseling. Do not be embarrassed by laying this flap back and taking the chisel and cracking it across and find yourself with the floor of the nasal bone, floor of the nose in your hands, which can happen, where, if you get your depth and then, as I say, just honeycomb this and chisel off pieces of this at a time, you will get along better.

On the lower, which you undoubtedly do more of than you do with the upper torus, we run into more of the mandibular tori that causes trouble for the insertion of dentures or partial dentures. In those cases, we make the same type of incision that I do for the removal of the third molar on the lower. We make the incision, starting about the mid-line and carry that back lingually on the mandible, laying back your lingual flap, a nice big

flap so that you can see this, and then chisel off this mandibular torus, rather than, as I say, making these small incisions.

We could go into the removal of roots, and all that sort of thing but, first, are there any questions?

QUESTION. I would like to ask if you have had experience with a chronic opening into the sinus of several months' duration, a large opening, say, that you could put your small finger into and use this tantalum or vitallium plate?

DR. FITZGERALD: I have never used it. I know the technique for it, but I see very little use for it because I have yet to find a case that we cannot close up.

QUESTION. I am talking about an opening so large that it is almost impossible to get a flap large enough to come over it, even though you go back into the palate.

DR. FITZGERALD: You still have to get a pretty big one that you cannot go into the palate and get enough tissue to close that up. However, that technique of the tantalum probably is all right. I have not used it.

I have seen the technique. I think I saw an article here just a short time ago—I forget who it was who had used it. But I have yet to have a case that we couldn't close with the plastic repair from the palate. You have quite a lot of tissue in the palate, you have quite an area up there that you can take away. I cannot fathom a case large enough where you cannot get enough tissue off the palate to cover up something about an inch in diameter. I don't believe we have that big a hole.

I can see some merit to this, but I have never used it.

Any other questions? (No response.)

If you haven't any more questions, I might just mention in this matter of the neck of your roots, separating your roots and turning them out, in the region in which the curvature is and always remembering that we must have space to remove the tooth. If we don't have space we are going to have to make it, as I say, either by cutting the bone or cutting the tooth,

We have even gone to the point of some of these lower cuspids that we see once in a while—we have a hypercementosis of this lower bicuspid. We have even gone in in those cases and taken a cross-cut burr and cut down through this tooth, cutting away the tooth substance all the time, making a space and then, with the inclined plane elevator, tipping that into that space, and then, of course, we have all of this space and it is easy to tip the other over rather than going in and making a large cutting away of a lot of bone. Many times, as I say, by utilizing the tooth substance rather than bone, we get our space. That is the only thing necessary to get a tooth out—to have a space.

QUESTION. Is that dressing you used X-ray sensitive?

DR. FITZGERALD: Slightly.

QUESTION. You can't see it?

DR. FITZGERALD: You can see it slightly—yes, you can see it under X-ray.

QUESTION. Did you say X-ray sensitive?

DR. FITZGERALD: That's right. If you take a post-operative X-ray with that you can see it. You see the little pad I spoke of with that figure 8 bandage. If you take a post-operative X-ray, you can see it laying on the floor.

QUESTION. I think everyone should use such a dressing. Somebody comes by and it is dressed all along the way, but fit them out and get down to open him up, and you have three or four packs in there. It heals very slowly.

DR. FITZGERALD: I like to use a gauze dressing rather than cotton.

Gentlemen, if there are no more questions, I hope I haven't bored you. I tried to give you just some bread and butter oral surgery, things that I have gotten in trouble with.

I certainly appreciate your kind attention, and I hope if I see any of you at the meetings, or if you ever go through the little town of Dubuque, call me up at the farm and I will show you my Guernsey cattle. Thank you. (Applause.)

PRESIDENT HUNT: The meeting is not adjourned.

At this time I shall recognize Dr. Darden Eure, who will present the next essayist.

DR. EURE: Gentlemen, it is my pleasant privilege to present the Professor and Head of the Department of Applied Materia Medica and Therapeutics of the University of Illinois, a Member of the American Academy of Periodontology, American Association for the Advancement of Science, Federation Dentaire Internationale, American College of Dentists. In addition, he has served as Business Manager of the Journal of Illinois State Dental Society and as Editor of the Fortnightly Review, publication of the Chicago Dental Society.

It is with a great deal of pleasure that I present Dr. Robert G. Kesel.

DR. KESEL: Mr. President, Mr. Chairman, members and guests of the North Carolina Dental Society: Before getting to evaluate with you various methods that are currently being used for controlling dental caries, I would like to take just a few minutes to review briefly caries etiology because I believe that if we have some concept of how a disease develops and progresses in the tissues, we can discuss its control and its prevention on a more rational basis.

It has been my privilege during the past year to complete a paper for the International Dental Congress which will be held in London this July.

The assignment that was given me was the "Etiology of Dental Caries", and I was to review all of the research that I could read in English and in foreign languages. After reading as much of this material as I could, I concluded that the carious process, according to all of the investigators, is two-fold—that there is a dissolution of the hard substance of the tooth in acids that are formed from the action of bacteria on readily fermentable carbohydrates, and then there is a second phase which, of course, is the digestion of your organic matrix or binding material of the enamel.

There is a division of opinion among investigators as to which is more important, which comes first, the dissolution or the digestion, but I think all are agreed that acids do play a part in the carious process. Even such an advocate of the proteolytic theory, as we might say, as Dr. Pinkus, who is one of the foremost research workers in England on caries etiology, has developed a theory that acid can form from the tooth substance itself, that in the breakdown of the organic matrix of enamel, there is formed from the sulphide content sulphuric acid and that that acid is detrimental to the tooth tissue, a rather far-fetched theory, I think, but nevertheless it indicates that here is one who is strongly committed to the theory that is agreeing that acids play a role.

Then there are other English workers who believe that the amino acids in the breakdown of the organic material in the enamel—that amino acids themselves are strong enough to cause acidulation.

I was very much interested in a paper that I reviewed by a French worker. It won the prize for the best research in France about a year ago. He used an electro-microscope to study the early effect on the tooth surface of various destructive agents. He found that when pepsin was used, when he would have a short exposure to pepsin, he would take his replica of the surface and study it under the electron microscope at high negative indication and he would see that there was a digestion of the material between the enamel prisms which led him to conclude that the destruction of the organic material—because, of course, as you know, there is more organic matter in the interprismatic substance than there is in the prisms themselves—that that observation led him to believe that the destruction of the organic matrix was most important, but he obscures in his technique and in his conclusions the fact that if he neutralized the pepsin—as you know pepsin is only proteolytic when it is in an acid as it is in gastric juice—so it was neutral or alkaline, that pepsin had no effect on the enamel surface.

I could recite other observations of men who are committed to the proteolytic concept, all of them showing that at some phase in caries etiology acids are important.

I think the consensus of most of the workers in this field is that acids are of principal importance and they submit dietary clinical bacteriological and chemical evidence to substantiate that theory.

If acids are important in the destruction of the enamel, then I believe there are several avenues of approach that we could follow to reduce caries activity. One would be to materially reduce the amount of readily

fermentable carbohydrates that are going into the oral cavity, which means marked and strict dietary control. A second means of reducing caries activity would be to remove from the tooth surface this material that is readily fermentable before it has an opportunity to be converted to the acid state.

That is where more efficient oral hygiene should be helpful.

A third possibility would be to discover some enzyme poison because, as you know, the bacteria don't ingest the fermentable material and secrete acid—the acids are elaborated by enzymes, most of them, or many of them, outside the bacterial bodies. These enzymes ferment the carbohydrates and produce the acid.

So, the rationale here is to find something that could be put in the oral environment right along with the sugar that would prevent that sugar being fermented while it is on the surfaces of the teeth.

A fourth method for caries control would be to produce a tissue more resistant to the attacking force. That is where fluorides, silver nitrates, and chlorides, and so on, are getting attention.

A fifth possibility that we could think about would be an agent that would neutralize acids as rapidly as they are being formed so that they could not be destructive to the enamel surface. Such an agent that has been studied is urea, or carbomide, as we know synthetic urea.

Then, still a sixth possibility for controlling caries would be to find some anti-bacterial agent that would reduce in number or in activity the types of bacteria that seemed to be associated with the carious process.

I think that all of the research workers in the field of caries etiology are agreed that bacteria are necessary for the production of cavities. Strangely enough, our evidence up until the present time has been largely circumstantial. We have felt that because cavities develop in those areas where bacteria could attach themselves to the tooth surface and could remain more or less undisturbed for long periods of time, that bacteria were responsible for cavity production, but, of course, that is definitely circumstantial evidence.

There is a very interesting study that is now being done—perhaps you have heard about it—with germ-free animals. It is being conducted out at the University of Notre Dame. The dental aspects are under the auspices of the Solar Clinic of the University of Chicago. They are raising rats in a germ-free environment. You know that rats and hamsters, these small laboratory animals, have lent themselves very well to studies of caries etiology and caries control because they develop caries in their molar teeth that are very similar to what we find in human teeth. They not only develop pits and fissure cavities, but note your proximal cavities in these molar teeth are shaped very much like those you see in humans, and are, of course, much more minute in size.

They have developed diets which will produce a high incidence of caries in these laboratory animals. They have been able to rear some of these

germ-free animals now in a bacteria-free environment up to the point where they will reproduce, so that they will have a second generation. They haven't been able to get the offspring to survive, probably because of the very marked refinement in the diet that these animals are getting. Everything is sterilized and autoclaved, of course, before it contacts them.

They deliver the animals by Caesarean section into a germ-free, sterile environment and are maintained that way throughout their life. They have grown these animals up to the point where they will erupt teeth, as I say, reproduce, and these animals on the caries-producing diet, when they are germ-free, do not develop any cavities.

Now they are beginning to inoculate the diets that are fed these animals with certain strains of oral bacteria, pure strains and combinations of strains. According to personal communication that we have had with Dr. Blaney and Dr. Orlon, who are doing the research, they are getting some lesions that resemble dental caries.

I think that this work is going to go a long way towards pointing out to us the types of bacteria that are responsible for cavity production. But, at any rate, I am sure, and so are the majority of investigators, that caries is a bacterially produced disease.

Of all the methods that we have for caries control at the present time, it is my belief that the most effective is the marked reduction in fermentable carbohydrates. By fermentable carbohydrates I mean the sugars.

The biochemists who are working in the field state that about 10 per cent of our population will have the ability to reduce starch down to the acid state so it will be destructive to the animals while it is in the oral cavity—only about 10 per cent. They will take the complex starch molecule and break it down to acid, whereas well over 90 per cent of the population will take the monosaccharides and disaccharides, sucrose, dextrose, and so on, and break that down very rapidly in the oral cavity.

So, when we speak of restricting carbohydrates, we are speaking principally of sugar.

I don't believe it is any longer debatable but what sugar is associated with the caries process. I think when we make a survey of population groups the world over, you find those groups of people who are resistant to dental caries are those who do not have refinements in their diets, which usually means the inclusion of refined sugar. I think there is definitely evidence—I think that during this last war where we had population groups who were formerly caries susceptible and who were forced to live on reduced sugar intake because it was no longer available to them—I am thinking of the Scandinavian countries, of the Netherlands, the Italians, even prisoners of war—our own prisoners who were in Japanese prison camps for two or more years, during their period of incarceration, they showed a marked reduction in caries activity. There was marked malnutrition; they came out of their period of captivity markedly undernourished, and the only good thing they could find about them, the only improvement as far as health aspects were concerned, was the reduction in dental caries.

I think we have abundant evidence of this type so that there is association between sugar consumption and caries activity.

Then I think there has been some good experimental evidence in this country, as well as elsewhere, where they have taken individuals who are caries susceptible and, by dietary management, have produced a marked reduction in caries. There was work done in the University of Michigan—I am sure you are familiar with Dr. Bunting's findings.

Then there was work done out on the West Coast reported by Dr. Becks a few years back. He maintained that in a study of a thousand individuals over a period of five years, they could reduce, they did reduce, caries activity 60-some per cent through managing the readily fermentable portion of the diet—sweets, desserts, candy, and so on.

When I read this report by Dr. Becks, I was a bit skeptical because I have been attempting in the Chicago area for a number of years to get caries control through curbing this perverted sugar appetite that our population so enjoys without a great deal of success. I wondered how Becks could get a thousand individuals to maintain themselves for two or more years on this reduced sugar intake.

Well, it was my privilege shortly after reading this article, to go to the West Coast to attend one of these seminars or dental medicine studies meetings that Dr. Becks has each year. It is a unique meeting. They are held in Palm Springs in the Desert Inn, and I have been going about the country telling about this very unique meeting held in the most ideal situation that I know of. There was no other dental meeting that was similarly situated.

I am going to modify that statement after this visit to the North Carolina meeting, because I find that here you have much the same facilities.

They take over the entire Desert Inn. They usually have the last week before the season opens, whereas, as I understand it, you get the facilities of this hotel for about a week after the season closes.

The entire Desert Inn is at the disposal of that dental group, and there are about two to three hundred dentists who attend. They eat in a common dining room all at the same time, much as we do here. There wasn't a time when I ate with these gentlemen at this Desert Inn meeting, and I was with them for five days, that we saw a sugar bowl displayed on the table. If anyone had to have sugar, it was brought into the dining room in one of these porcelain vessels that used to occupy a prominent place under the beds before the days of inside plumbing, and in this vessel was the sugar. Behind the vessel carrier was another dentist who is loudly ringing a cow bell so that everyone in the dining room had his attention attracted to the sissy that had to have his sugar in the coffee, tea, or whatnot. They really made quite a game of it.

I find they practice what they preach. Out on the West Coast, they will band together; about four or five dentists will employ a nutritionist full time, have some nicely printed diets, and history forms. They will take

an accurate record of everything that a patient consumes for a week or ten days. That is turned over to the nutritionist and the nutritionist makes an appraisal of that diet. Then, the dentist, the patient, the nutritionist, sit down together and the patient has pointed out to him where he is excessive, where he is deficient, and so on.

It was by this practice with a number of co-workers that Becks was able to report on a thousand individuals who maintained themselves on a sugar reduced diet for a period of time, a long enough time to show caries reduction.

About a year or so ago, he reported on a second five-year observation, and they have been able to reduce caries up almost to 90 per cent by dietary management. They have become so enthusiastic about caries control through sugar restriction that they have been able to transfer that enthusiasm over to the patients and the patients really cooperate.

As I have indicated before, I think that is the best way, the most effective way, to reduce caries—to curb this sugar appetite. Unfortunately, sugar is so palatable, so economical, so readily available and widely advertised, that caries control in the masses of the population by sugar restriction—I am not hopeful for it. I think it presents a pessimistic outlook.

You probably know our sugar consumption averages between eight and nine million tons of sugar per year, and if we average that out on the basis of our population, we will consume well over a hundred pounds of sugar per person, man, woman, and child, during the period of a year. Of course, that does seem like a tremendous amount of sugar if we think of sugar as we measure it out of the sugar bowl by the teaspoonful, that is a lot of sugar. If we get three teaspoonfuls a day, we calculate three teaspoonfuls, morning, noon and night, one teaspoon at each meal, for 365 days a year, we would average about 15 pounds of sugar per person. It is not so much the sugar that we get raw out of the sugar bowl—it is the sugar that is tucked away in these items so popularly consumed, many of them not foods, that adds up to that hundred pounds or more per person.

There are some very interesting figures in an article published by Dr. John Brauer in the Journal of the American Dental Association a few years back.

An appraisal was made by the Home Economics Department of the University of California, I believe, and he published in this article this table which gives the teaspoonful equivalent of sugar in a number of items that are popularly consumed.

For instance, I think in a 5-cent Hershey is listed about seven teaspoonfuls of sugar per bar. Cola beverages run anywhere from four to five, six, seven teaspoonfuls of sugar per bottle, really concentrated and sweet. As for some of our sweet desserts, I think in a table that Dr. Brauer has published, he says that there are about 14 teaspoons of sugar in a piece of cherry pie, and the average serving of ice cream will have anywhere from five to six teaspoons of sugar in that amount. In a stick of chewing gum, there is half a teaspoon of sugar, and so on.

You begin to realize, when we think of the hidden sugar content in some of these items, that our child population, particularly, enjoys, how quickly we can build this sugar intake up to a hundred pounds. Nutritionists tell us that anywhere from 25 to 40 pounds of sugar per person are enough to supply all of our caloric needs for a year. That includes the calories that we should be getting from proteins, fats, and starches as well as from sugar.

You can see, then, that the 50 to 60 or 75 pounds of sugar per person that we are getting in addition to what we actually need is just contributing to the obesity problem, to malnutrition, to loss of appetite and dental caries.

We think that the cases of many of these youngsters who fail to eat properly at mealtime are because of in-between meal eating of high caloric sugar material. Sugar is a great appetite appeaser. It will spoil the appetite for much more nutritious things.

We think there is a very strong need for curbing what we like to call the sweet tooth or perverted sugar appetite of our population. I am sure if we could get some control over it we could secure a marked reduction in caries activity. Because of the impracticality of it, however, there are a number of us who are seeking to find other means for reducing caries activity which will permit us to indulge and enjoy our sweet tooth and not have it be as damaging as it now is.

The second method that we suggest as effective in reducing caries activity is more efficient oral hygiene. It is true that the toothbrush has been used for a good many years and it also seems to be true that the caries incidence in this country is increasing and has been increasing annually over a period of many years, all through this period when we have been intensifying our dental health education.

But I think research that has been done during the past five to ten years on caries etiology has shown that if the toothbrush is to be effective, or if oral hygiene is to be successful in controlling the caries, the old practice of brushing the teeth first thing in the morning or last thing at night is not rational. Dr. Stephan was the first, I believe, to show that when a caries susceptible person rinsed his mouth with a glucose solution that within five minutes there is enough acid formed on the surface of the tooth to be destructive to the enamel. If a person who is caries resistant, caries immune, rinses his mouth with a glucose solution, there isn't this marked acid production.

A caries susceptible person will begin producing acids immediately when that gets to the oral cavity. The maximum acid production seems to develop within 20 minutes to a half hour. After about an hour or an hour and a half to two hours, things have returned to their original state and this decalcifying phase of this acid dissolving part of the carious process is over.

So, you can see the rationale for tooth brushing must be immediately after eating, and if the teeth cannot be brushed, if it is inconvenient to do that, then if the mouth is thoroughly rinsed with water to flush out the bacteria from the tooth surface, this soluble and readily fermentable sugar

and material gets swallowed, gets out of the oral cavity, and that should be helpful.

The first evidence that we have had on the effectiveness of this practice was that published by Dr. Fosdick within the last year or two where they took groups of college students, I think about 900, in their study. They divided them into approximately equal groups. To one group they gave toothbrushes and a dentifrice and told them to brush or rinse immediately after eating each meal. The other group was instructed to follow their usual habits of oral hygiene, first thing in the morning or last thing at night, or whenever they felt like it. The results of that study showed about a 60 per cent reduction, 50 to 60 per cent reduction in caries in the group that was brushing immediately after eating.

I think that we should pause just a moment here to step on this in-between meals eating, particularly in our child population because the in-between meal snacks that are usually consumed are the things that are readily fermentable—cokes, candy bars, jam, peanut butter (which makes it all the worse, because you smear that on your teeth and it holds it there for periods of time)—all that type of material that is taken into the mouth between meals is invariably readily fermentable.

I think if the youngster has got to have something for a filler, something to satisfy his appetite between meals, it should be in the nature of potato chips or popcorn or cheese or fresh fruits, something that is not readily fermentable. I think if a youngster is to get 20 teaspoons of sugar per day, if he would get it all with one meal, it would be much less damaging than it is if he gets it four times a day at five teaspoons each time because these plaques on the tooth surface will hold just so much of this fermentable material. The rest is excess and is going to be swallowed and gotten out of the mouth because these plaques become saturated. If they get the 20 teaspoons at one time, much of the sugar is gotten out of the mouth and is not damaged, but if he gets four exposures or more of small amounts of sugar, he charges those plaques that many times during the waking hours and he gets that many more dissolving attacks of caries and this decalcifies.

Therefore, we recommend that if they are to have sweets, and so many of them do crave it, that they should take it at one time and not space it out with a lot of fermentable material several times a day.

I think one of the most interesting things that comes out of Dr. Becks' observation is that it was not necessary to take all of the sweet things out of many patients' diets. Many of them, they found, had one particular substance in their diet high in sugar content that they were particularly fond of, and if they could get them to curb their appetite for that, get that out of their diet for periods of time, they reduced their caries activity considerably.

I think there are hopeful symptoms. I think another hopeful sign that I might mention is the action that was taken recently by the Council, the National Council of Parents and Teachers Associations, in which they have

gone on record as disapproving the coke machines and candy sales in the school systems. I think that definitely a step in the right direction.

Also, the Council on Foods and Nutrition of the American Medical Association has gone on record as disapproving the coke machines in the school system.

Then, on the discouraging side of the picture, is the survey made recently out in Seattle, Washington. I don't know whether Dr. Phair had any part of this survey or not. In the questionnaire the statement was asked of the children, "Do you think that sugar is bad for your teeth?" I believe 85 per cent of them said yes, they thought sugar was bad for the teeth. The next question, "Do you eat sugar?" I think 83 per cent of them very honestly said they were still eating sugar. They were not taking too seriously their understanding that sugar is harmful to the teeth.

I think that is the situation with which, of course, we are faced. That is why I believe it is desirable to encourage people to brush their teeth immediately after eating. I think, too, we should give the toothbrush a break by having it used more effectively. You know how the average child brushes his teeth—he hits the high spots, the areas that are the ones that are naturally used in mastication are the ones the toothbrush usually hits. The vulnerable area where cavities are likely to occur is the area which the toothbrush does not affect.

We believe that we should point out in some tangible way the areas in which the toothbrush must be used, and we are doing that with a disclosing solution. I think we get much more cooperation on the part of our patients, those that we are trying to educate in oral hygiene, if we point out to them in a graphic way, in a visual way, where these plaques accumulate on their tooth surfaces. Every one of us differs, It is like fingerprints—there are no two of us that have the same plaque accumulation pattern.

We have been using a very weak mercurochrome solution. We use about 35 grains of mercurochrome to a pint of water, flavor that up with about eight to ten drops of oil of peppermint to take away some of the metallic taste. We have the individuals take a tablespoonful of this red dye and roll it around the mouth and spit it out, and we ask him to take a glass of water and rinse his mouth very thoroughly with that water to flush this red dye off the surfaces of the teeth. When we give him a mirror, individuals who think they have been meticulous in their oral hygiene are amazed to see where the toothbrush has been missing.

I think if we follow that type of practice, particularly with a child population, point out to them where they have to brush, give them some red dye to use at home so they can stain their mouth when they are going to brush the teeth, get in the habit of brushing the area where the film accumulates, they will keep a much cleaner mouth, and I believe the toothbrush can be more helpful than it has proved to be in the past in reducing caries activity.

A third possibility that we suggested for reducing caries activity was the use or the development of an enzyme poison. Actually, I think that we

are very much in the wishful thinking stage as far as the development of such a caries control procedure is concerned at the moment.

There have been several things suggested in the past. You probably remember Vitamin K—synthetic Vitamin K, menadione, was one of them. The hope here is that we can begin something with the sugar that will render that sugar less fermentable while it is in the oral cavity. But difficulty with this probability or possibility is that this material will have to be consumed over a long period of time, and even though it is taken in minute amounts, there could possibly be an accumulative effect from it with toxic manifestations that would be detrimental to the health of the individual. If it disturbed enzymatic activity in the oral cavity when it is swallowed and gets in the intestinal tract, there is a possibility it might upset enzymatic activity there and would impair nutrition.

So, I think you are going to find a number of research reports, a number of publications, appearing in the literature in the next few years on this possibility because the sugar foundations, the sugar industry is becoming more and more conscious of the role that they are playing in caries etiology. Naturally, they don't want to curb this sugar consumption, they want to expand it, they want to promote it if they possibly can, and if they can find something they can put with sugar that they can therefore recommend sugar consumption to prevent dental caries because something new has been added, I think they would appreciate it very much. They are subsidizing, I understand now, several research projects in the hope of finding something that will render sugar less damaging while it is in the oral cavity.

I think the thing that we should be concerned about, and the thing we should talk to patients about when they perhaps will read some of these distorted reports in popular lay publications about controlling caries through this channel, is that we should be sure that the material that is being used will do the job that it is supposed to do and that it will not be detrimental in any way to the general health of the population.

A fourth possibility that we suggested was the use of agents to increase the resistance of the tooth substance. I know, after Dr. Phair's discussion with you this morning on the possibilities of fluorides, their history, their development, that there is no need for me to dwell on that subject at any length. I think that there is good evidence that has accumulated during the past few years to justify the use of fluorides, at least as a means of reducing caries activity, and it seems that at least one of the functions of fluorides is to combine with the calcified material of the tooth. Fluorine does have a strong affinity for calcium, and when it combines with calcified tissue it seems to render that tissue harder and less soluble in acids, therefore less soluble to the attacking force.

We have been particularly interested in water fluoridation because all the methods that we have, as I have suggested, up to now that are effective in gaining some reduction in caries activity, require the individual as an individual to stop and to think and then to perform an act that may be time consuming or difficult for him to do or require him to deny himself something he likes very much. I have the strong belief that anything that requires the individual to perform some act of that type is not going to be

too effective in reducing caries in large numbers of the population, at least not until we have a renaissance in education, understanding and practice about caries control.

So, we have to find something that can be given to the individual that will help him reduce caries activity without any conscious effort on his part, and that is where, of course, fluorides added to the water supply will be very helpful.

I have been a bit hesitant to accept fluoridation as a means of caries control, water fluoridation. I felt there were a number of things that had to be answered, a number of questions that we had to get satisfactory answers for before we could place it in our acceptable category.

First of all, I thought it had to be shown that when fluorides were placed in a water supply that we would secure the same results in reducing caries that they seemed to have when they occur naturally in a water supply. Then I thought it would be necessary to show that these fluorides so added to water would be no more toxic than they seemed to be when they occur naturally. There was some evidence that had been published from Great Britain a few years back that fluorides only slowed down the carious process.

When you examined the adult population in an area where fluorides were present naturally in the water supply, invariably you would find as much caries in the adult population as you would find in an area with no fluorides in the water supply. It seemed to slow it down perhaps over a five-year period, but in the adult population there would eventually be as much decay as there was elsewhere. That was a question that had to be answered satisfactorily.

Still a fourth was, could it be added to the water supply economically, safely, and so forth? I think the past four or five years have furnished answers to most of these questions. Work has been done in Newburgh, New York, Grand Rapids, Michigan, out in Evanston, Illinois, and a number of communities in which they have been studying this problem now for five or more years, and in the youngsters who have formed teeth during the period of fluoridation, those formed teeth seemed to have the same protection, same reduction in caries activity that we observe in areas where the fluoride is present one to one and a half parts per million, naturally so. There seems to be no more intoxication up until now; there hasn't been any more mottled enamel observed.

But, actually, the studies haven't run hardly long enough yet for us to have too much information about the mottling effect. They have made X-rays of long bones, they have made urine analysis, blood studies, in a number of these communities, and they can find no evidence that the fluoride, artificially added to the water supply, is any more harmful than it appears to be in communities where it is naturally present.

So, its toxicity factor is fairly well covered.

I was interested in the report that came out of Illinois, my own State, where we have a number of communities where fluoride is present 1.2 or

more parts per million, and they have gone to the Bureau of Vital Statistics and have checked over the death rates from some of the common causes of death in four areas where the fluorides were present in multiple amounts—I think it was ten areas or fourteen areas, something like that—where the water was without fluorides. They could find no statistically significant difference in any of the vital statistics that are available in the State of Illinois. I think that the toxicity angle is no longer at a point where we need to worry too much about it.

Do you know that there are over five million people in this country who have been getting water for several generations of one part or more fluorine? I understand about 50,000 of them have been getting fluorides of more than five parts per million.

The study that was done in England that raised this question about slowing down the disease—not checking it, but slowing it down—has been answered by a survey that was made out in Colorado, published during the past year, where they surveyed Colorado Springs and Boulder. Colorado Springs has almost two parts per million of fluorides in the water supply, whereas Boulder is fluorine-free. They observed the adult population up to 45 years of age. I think they called every tenth person in the telephone book, or something like that, and invited them to come down and have their teeth examined. They got a relatively large group of the adult population for this dental inspection. They found that the same protection does seem to follow through in the adult population in Colorado Springs as contrasted to Boulder.

This study that was done in Britain has been repeated, and I understand that that author has modified his views and he no longer feels it is a slowing down process, that there is actually this protection throughout life once fluoride is acquired by the tooth tissue.

The topical application of fluorides also seems to have sufficient evidence to justify its use up to about a 40 to 50 per cent reduction. I am a bit disturbed about the type of prophylaxis that usually precedes the topical application. Usually, they take a rubber cup and a polishing paste and they hit the high spots, more or less. It seemed to me that if they would cleanse the tooth surface more thoroughly, if they would get into the areas susceptible to caries and remove the films from those areas, so that the fluoride solution could better get to the enamel in those areas, we might be able to increase the protection. You know, if this prophylaxis is not given in the degunking operation, they only get 20 per cent; when they give the five minute prophylaxis, they get 40 per cent reduction. In our State Health Department, I might report there was conducted a study in one of our communities with grade children where they had the children brush their teeth in the school, under the supervision of the teacher in the school room for two weeks. They thought they could get the superficial effect from the child himself without using the hygiene to clean the teeth. Then they applied the topical fluorine after two weeks.

They observed the youngsters for about two years, and they got the same 40 per cent reduction from that type of cleaning.

We used the practice of Dr. Knudsen using careful prophylaxis before the application. Strangely enough, he reports that when that is done they drop back to about a 20 per cent reduction. They don't get any better results—in fact, they get about the same result if they didn't do any prophylaxis at all. The explanation that he gave me for that was now they feel that this film that is left on the tooth, while it is reduced considerably in quantity through the prophylaxis that has been given, that film apparently takes up the fluoride solution and holds it in contact with the tooth longer so that they get a better effect of the fluoride with the enamel than they would if the tooth surface was clean and fluoride was placed on it and immediately washed off or swallowed and gotten out of the mouth.

There seems to be a longer effect of the fluoride by absorption into the dental plaque. With the use of fluorides, either in the water supply or topically applied, I think that it is important to point out to the public that this is by no means a 100 per cent protection, that there is still going to be plenty of dental caries.

One of the concerns is that individuals in a community so treated may develop a sense of false security and think that because they have had their teeth so-called armor-plated that they can go on carbohydrate binges, they can forget their oral hygiene practices, and so on, because their teeth have been protected with the fluorides. Actually, of course, that is not the case. There are still going to be plenty of caries, and the individuals should still exercise all of the methods that we know to be helpful in reducing caries activity.

I think that any of us who are using fluorides, topically, or who are recommending it to be put in the public water supply, and so on, should continue to stress that point—that there are still going to be caries, and we should not relax on other means of caries control just because we have had this added protection.

Another means advocated in the last few years for caries control by increasing tooth resistance was the so-called Gottlieb technique, impregnation method where zinc chloride was being applied to the teeth, and followed with silver nitrate. There was high hopes that it would be effective. I think Gottlieb reported in one of his articles about a 90 per cent reduction when used clinically.

I thought perhaps it might be helpful on a different basis. He felt that it would block these organic pathways, the lamellar root sheaths, and so on, to the penetration of bacteria, the invasion of bacteria into the enamel. I cannot conceive of how any superficial chemical action such as the topical application of these materials could be so placed it would block these organic inroads to bacteria, but it did seem that salts of this material definitely are anti-bacterial and enzymatic and if we could get these salts into these organic structures they might reduce bacterial fermentation.

On that basis, the Gottlieb technique might be getting some caries inhibition.

There have been three studies reported in the past year that begin to cast some doubt on the clinical success of the Gottlieb method. One of these

was reported from New York State, the other one was done on school children out in Casper, Wyoming, and a third was done down in Chattanooga, Tennessee.

They used the youngsters as their own control. They applied the Gottlieb technique to one side of the mouth. The other half of the mouth was used as the control side. They find at the end of the year there was about as much decay on the treated as there was on the untreated side.

I don't believe that a caries control study is satisfactorily concluded, satisfactorily ended at the end of a year. I think it should run at least two years. Caries is quite an intermittent process and fluctuates in individuals from time to time. Unless we continue a caries control study over a long period of time, I think we may be misled by our observations.

Therefore, I have continued to hold the Gottlieb technique in the category of promising methods of caries control, not yet ready to say it is unacceptable, although I do believe that it is gravitating towards the doubtful side.

Another means of reducing caries activity was to neutralize acids as rapidly as they are being formed. Dr. Stephan showed that when urea is taken into the mouth it is very rapidly converted into ammonium carbonate enzyme ureates which all of us have in our oral cavities, and this ammonium carbonate is very alkaline and it would certainly neutralize acids that could be formed from fermentation of carbohydrates. He found that the alkalinity would be maintained for a period of hours, almost up to 24 hours, on one application of a concentrated urea powder. You remember urea in concentration is irritating and not palatable, and it doesn't look too promising as a mass means of caries control.

A sixth possibility is this one we have been particularly interested in, and that is the development of an anti-bacterial agent, something that will reduce in number and activity the types of organisms which seem to be associated with this process, and the organism that seems to be most commonly identified with caries is, of course, the lactal bacilli. I don't claim that the lactal bacillus has been established as a causative factor in caries etiology, by any means. But up to now about all we can say is that the lactal bacilli are usually present when caries are active and not present in the mouth when caries are inactive. They may be there because the caries were active and not be the cause of the activity.

A number of years ago we thought if we studied individuals who are caries resistant that we would learn some things that we would never find if we studied the caries susceptible person because he was lacking in some protective mechanism. So, we began to analyze a few of those fortunate individuals who seemed to be able to eat any amount of carbohydrates they wished—I shouldn't say that, but eat relatively large amount of carbohydrates, satisfy their sweet tooth, be not too careful in oral hygiene, and not develop cavities. I was such an individual. I had not had any caries for a good many years, and I was one that when I would be short of time for lunch, I would eat one of these Hershey bars with seven teaspoons of sugar in it, or have a coke with four or five teaspoonsful of sugar, and yet get no active caries.

I had two senior dental students in my class at that time who had 32 perfect teeth. Neither one ever experienced any dental caries. We thought we would analyze each other and see what we might have in common. About the only thing we could find in common to all of us in the culture of our saliva was a lack of the lactal bacilli in our oral cavities.

We decided we would see if we could introduce those bacteria into our mouths, so we proceeded to sterilize milk in an autoclave and then we took a strain of the lactal bacilli which we had recovered from a girl who I think had 26 active lesions, had a cavity in practically every tooth of her mouth, a virulent strain of lactal bacillus.

This we incubated for three days so we would have a strain with a heavy suspension of this organism in artificially soured milk. We would come down to the laboratory in the morning and take a mouthful of this sour milk and rinse it around the mouth for about a minute and spit it out. Remember these were both senior dental students. They were anxious to graduate and it was getting along toward the end of the year. They wanted to stand in well with my department, so they cooperated beautifully.

We examined our salivas. Then we collected specimen saliva every hour to see what happened to these bacteria that we had planted in our mouths by the millions. We found that almost immediately we would see them begin to disappear. At the end of eight to twelve hours these organisms would be gone, even though we had planted them there in large numbers. They couldn't survive for any length of time.

Of course, that raised the question as to why not, what was it about our oral environment that made it so uninhabitable for those types of bacteria? That set up a long series of studies that we don't have time to go into, but eventually we made the observation that when we collected saliva from individuals who were caries free, caries resistant, and incubated that saliva, that saliva seemed to make ammonia at a more rapid rate than the individuals who were caries susceptible.

That, of course, gave us the clue then of what influence might ammonia have on acid production, on acid tolerating bacteria, and we experimented with a number of ammonium salts. We found that the alkaline salts of ammonia, many of them, would inhibit the growth of lactal bacilli and related organisms. We found later that if we combined dibasic ammonium phosphate it seemed to be the most effective salt for clinical anti-bacterial use. When we combined that with urea, we got a combined action that was better than either one could get alone.

That set up, of course, a clinical study in which we began a dentifrice and mouth rinse on a college population over a period of two years to see what effect we would get on caries reduction. We found what so many others find in caries control work, that it is very difficult to get a group of caries susceptible people together through a two-year study religiously performing some act that is inconvenient or perhaps unpalatable to them. Those individuals who continued in the study were the ones who had so much dental caries that they would do most anything in order to avoid more, and of course those types of people are not good subjects for caries

control study because they have had so many in their susceptible areas, they have destroyed the tooth, have had fillings, or lost the teeth, that they are going to have less caries, no matter what they do. We felt we had to go to the child population, to a group of youngsters just erupting teeth, not yet attacked by caries and get them to use this material over a period of time, two years, if possible, to see what influence it might have on reducing their caries activity.

We set up such a study in two communities in the State of Illinois, Aurora and Peoria. We started with about 1700 youngsters in this group. We divided them into four different groups. Two of them were using ammoniated dentifrices of different compositions, and a third group was using the same type of dentifrice without any ammonium-urea in it, and a fourth group was a control group—they followed their usual habits of oral hygiene at home with no brushing in the classroom. In order to get uniform brushing, uniform use of the material, we set this up so the youngster had to brush in the schoolroom under the supervision of the room teacher at 9 in the morning and 1 in the afternoon. True, it was some minutes or an hour, perhaps, after breakfast, and several minutes after they had eaten their lunch, but nevertheless we felt that was the only way we could get uniformity in a public school operation.

We had 40 classrooms in which they performed this act for a period of two years. We had about 20 control rooms. We went through this study through the two years. We ended it almost two years ago now.

We didn't get the results we had anticipated. We got about a 10 per cent reduction in the group that was using the non-ammoniated dentifrice over the control group, and about a 20 per cent reduction in the group that was using the ammoniated material. The results are barely statistically significant. They are right on the boundary line.

However, as we review what we did, we feel that we asked the dentifrice to do a tremendous amount, putting it to the test that we did, because here we were using a child population at an age when they are extremely susceptible. We had no control over their brushing on week ends or during the summer periods, and there were two and three months summer vacations that entered into our project. We had no control over their carbohydrate consumption, and many was the time we would see these youngsters come in to the school and brush their teeth, and take the Life Saver, or whatever they had in their mouths, out of the oral cavity, put it on a paper towel covering their desk, go through the ritual of brushing, and as soon as they finished that act, they would put the candy right back in their mouths and finish it off.

We also ran into a very unexpected complication, and how much that disrupted our study we have no means of knowing. When we set up the study about four years ago, we had no idea that ammoniated dentifrices were going to become so popular. We published our paper initially before the Chicago Dental Society. When we read it, we gave the formula, knowing that anybody who wanted it should have the right to use it. We had no idea how it would be seized upon and used commercially.

The month that we were concluding our study, or just before we began

to complete our study, down in Peoria I was speaking at a Kiwanis Luncheon. The toastmaster for the day said, "We have a son just the right age to be in the school brushing study. We are very sorry he isn't in it because the youngsters have learned a lot and they are doing a good job keeping their mouths clean. We went down to the drug store and got him some ammoniated dentifrice, and we have had him brushing his teeth after every meal."

With that bit of information, we thought perhaps we better make a survey of our control group. We had 301 youngsters in the control, and in this questionnaire 105 reported they had been using ammoniated dentifrices. They were as susceptible to the advertising as they had been all over the country.

Full-page ads appeared in some of the newspapers and lay publications. Everybody knew about the ammoniated dentifrice, and about half way through our study, I am sure we lost about a third of our control. How much influence that had on the difference between the control group and the experimental group we have no means of knowing.

There is another factor we think important in the use of ammoniated material, and that is we didn't use the mouth rinse in the school study. In our earlier work, we had insisted on the mouth rinse, and normally we did it for cosmetic reasons because most individuals like to rinse their mouth when they get through brushing their teeth. They don't like to go to bed with the material in their oral cavity. If we dilute the material with rinse water, tap water, we naturally dilute its effectiveness materially, so we have provided a mouth rinse that they could use for cosmetic purposes. The mouth rinse in those early stages of course was not very palatable. There wasn't a way of masking the ammonia. This was with the adult group where we were getting about a 50 per cent reduction, but, with the school groups, we knew that because of the unpalatability of the mouth rinse that if we asked these youngsters to rinse their mouths twice a day in the school room we would not only add to the mess, that potential mess in the school room for the teachers to worry about, but we would also lose the interest of our group because of the unpalatable material that they were asked to use. So, they just brushed with powder.

Actually, with the mouth rinse they get a tablespoonful of that rinse and get all of it into their oral cavity, and they will get it into areas I believe where the powder and dentifrice cannot reach. A tablespoonful of mouth rinse will give about 15 times the amount of ammonia as will the dentifrice by weight—there is that much difference. That, I think, may be a possible answer to the discrepancy that we see between our school study, our clinical study and the early clinical observations that we made of this material.

At any rate, I think the ammoniated dentifrice has a promising rationale. I think we have yet a lot to learn about them, and I certainly don't believe that they are a panacea that much of the advertising media may have led the public to believe.

Penicillin is another anti-bacterial agent that seems to have promise.

I think that the work that has been published indicates that penicillin will secure about a 50 per cent reduction if used in dentifrice form. The danger with it, of course, is you are creating penicillin sensitivity on the part of the individual and also the development of penicillin resisting organisms, pathogen organisms that might not be susceptible to penicillin therapy, at some time later in life when the individual may be faced with a serious infection. Because of those difficulties, it has not yet been approved by the various councils that have acted upon these materials. I think that where it is used and where the individual is not sensitive to it and so on, it can be expected to secure some benefits.

Chlorophyll is the newest of these agents that are entering the picture. Actually, there isn't any good evidence with which I am familiar to show that chlorophyll by itself will have a reducing effect on caries activity. There was an initial study on college subjects in which there was marked reduction in lack of bacilli counts, but when the same investigator repeated that work, he was unable to confirm those earlier results and I understand that others have not been able to confirm it either.

Actually, chlorophyll doesn't have much anti-bacterial action. Chlorophyll was found to be helpful in wound healing during the last war largely because it stepped up cellular metabolism. It doesn't have anti-bacterial action by itself, but it seems to step up cellular activity and other natural defense mechanisms of the tissue seem to be stimulated, so the rationale there for something developed in hard tissue without circulation or cellular metabolism seems a bit irrational.

There was one study done with hamsters in which the chlorophyll was placed in drinking water, fed to these animals on a caries producing diet, and the female hamster developed resistance to caries. It didn't seem to develop nearly as much in the male. The male had about as much decay as did the controls. That was repeated and the same results obtained the second time.

As far as I know, no one has been able to explain this sex linkage in the use of chlorophyll in caries activity.

Clinical study is now under way, I understand, out in Boystown, Nebraska. They set up a study that got started last fall to run about two years. I think we will have to withhold judgment on the use of chlorophyll as a caries control agent until that study has been completed and the reports are in.

To summarize briefly, what we have been attempting to state is that I think we could classify caries control procedures into three groups: Those for which I think there is sufficient evidence of a clinical and laboratory nature to justify their use; I think there is a second group that is promising, but more research is going to be needed before we will have their true value; then I think there is a third group which clinical experience as well as research has relegated more or less to the unacceptable group.

In the acceptable category I think we can place the marked reduction in fermentable carbohydrates and should make every effort to get cooperation not only for the sake of dental health, but from the standpoint of

nutrition and general health as well. Remember that in all these laboratory studies with animals, I think a very significant factor in etiology is the diet needed to produce caries in rats and hamsters must have a readily fermentable carbohydrate in them. That is fed by tube, so it doesn't contact the teeth. There are no more lesions that develop in those animals, so it looks to me as though it takes the direct contact of the fermentable material to the teeth through diet and not through nutrition, not through absorption in the intestinal tract and then carried back to the oral cavity by circulation.

I think we should make every effort to reduce in between meal eating of readily fermentable material.

We should encourage better oral hygiene, brushing the teeth as soon after eating as possible, and some guidance as to how to use the brush for more effectiveness by teaching the individual to use a disclosing solution to study his own particular oral cavity.

I think the possible application of 2 per cent fluoride and use of fluorides in the water supply has reached the point where it can be classed as an acceptable procedure in the promising category. I think we can put the medicated dentifrices in that group for which we need more information and more research before we know their true value.

I think the Gottlieb technique will probably be in that same category, although it seems to be dropping into the doubtful category from clinical reports published in the last year.

I think in the unacceptable category are the use of vitamins and minerals per se.

That reminds me of a young lady that was referred to me just last week, a girl about 28 years of age, married a few years ago. During the last three years she has had two children. She was a model before she was married and she said she thought one of her assets in the modeling work was the beautiful teeth she had. She had very few caries up until the time she experienced the pregnancies. She had an aversion to milk, and so she thought she would get as a milk substitute during pregnancy ice cream, and she developed a perverted sugar appetite, apparently. She confessed that she would average anywhere from four to six pints of ice cream a day for the last three years and would supplement that with about four to five Coca-Colas, and she would put four teaspoons of sugar in her orange juice. She really had a tremendous sweet tooth.

Her physician had been giving her calcium tablets and vitamin capsules in an effort to arrest her dental caries, and as far as I could ascertain, had made no headway.

I think that such agents, while they may be helpful are still not acceptable.

A new one which has come into the literature has been put into a chewing gum, and individuals who chewed a stick of this gum for a year, or maybe two, showed about a 50 per cent reduction in caries. The group

was small—I think there were less than a hundred in it. Until the group has been expanded and the same results obtained and confirmed by others, we can merely look at it again as a hopeful means, but certainly not acceptable.

I have tried to give you a rapid resume of the field of caries etiology and caries prevention.

If there are any questions that I could answer, I would be happy to do so.

I would like to take this opportunity to thank you for the privilege you have given me of attending the North Carolina meeting, being in this beautiful environment, and enjoying this hospitality, and talking on my favorite subject, dental caries. (Applause.)

SECRETARY WALKER: On behalf of the North Carolina Dental Society, I wish to thank Dr. Kesel for this most interesting presentation.

The meeting will now be adjourned until 8 o'clock tonight.

MONDAY EVENING SESSION

General Session

The meeting was called to order at 8 o'clock p. m., President Hunt, presiding.

PRESIDENT HUNT: The Third General Session of the Ninety-Sixth Anniversary Meeting will please come to order.

As you know, the first order of business tonight is the election of officers.

I shall ask the Election Committee, composed of the following men, to please come forward:

Claude Parks, Chairman; W. J. Turbyfill, First District; G. S. Alexander, Second District; M. E. Walker, Third District; S. L. Bobbitt, Fourth District; Guy E. Pigford, Fifth District.

I should also like to have the five District Secretaries approach the rostrum.

Gentlemen, we will vote by ballot in the same manner as we have done during the past two years. I believe Dr. Parks, it is customary, to approach from my left, drop the ballot into the box, and register on the adding machine. They will be compared after the ballot is closed. Is that correct?

DR. CLAUDE PARKS: Right....

PRESIDENT HUNT: Nominations are now in order for the office of President-Elect of the North Carolina Dental Society.

DR. S. W. SHAFFER: Mr. President, I have a man I would like to place in nomination.

When I was approached about presenting a man as a candidate for the office of President-Elect of the North Carolina Dental Society, I refused the honor. It was my opinion that this particular person deserved some one to present his name who was more capable of doing him justice. Someone who is more influential and better known in the society, and one who would make a more forceful presentation.

I was told to reconsider, and after careful consideration, I came to the conclusion that this man needed nothing other than his record of service to dentistry to speak for him. He needed no orator, nor flowery speeches to boost him, so I decided to accept the honor and pleasure of presenting a friend from my home town of Greensboro as a candidate for President-Elect.

If you will bear with me for a few minutes, I will give you a brief biography of this man and let you see what his record has been.

He is a native of Moore County, North Carolina and received his higher education at Lincoln Memorial University. During World War I he enlisted and served two years in France and Germany. After his discharge from the service he attended Southern Dental College from which he was graduated in 1923, he interned at Soldiers Home in Johnson City, Tenn., and worked one year with the State Board of Health before entering private practice in Greensboro in 1925.

He is a member of the A.D.A. and all component societies, and has taken an active part in all of them, serving as Secretary and President of the Guilford County Dental Society, President of the Third District Society, and on many committees of the state society at various times. He was Editor of the Plugger for three years, and the State Dental Journal for six years. He has served two terms of three years each on the State Board of Dental Examiners and is a Past-President of this group.

He is a member of Xi Psi Phi Fraternity and in 1941 became a Fellow of the American College of Dentists.

I think you will agree with me that the above record is one of which anyone could be proud. He has given freely in every respect of those things which have helped to develop our organization and to help the progress of dentistry in general.

He is a highly regarded member of the dental profession in Greensboro and over a period of 25 years has observed the highest professional ethics. He has been a help and an inspiration to the younger men in our profession. I am sure that those of you who know him will agree that he has a pleasing personality, is a good sport and a gentleman in every respect.

He is a devoted family man. An active member of the West Market Street Methodist Church, the Masonic Order and the Guilford County Horticultural Society.

This combination of service in the profession and his personal attributes certainly qualify him as one who will do honor to this high office of our society.

With this in mind, we of Greensboro and the Third District Dental Society recommend highly to you this man whom we know will give the leadership and work to the society which it has received from its presidents in the past and whose efforts will continue to lead the society to even greater heights of success. We realize the importance of this office and what it means to the organization, and we sincerely believe we have the man for the job.

So at this time gentlemen, it is my happy privilege to present to you the name of Neal Sheffield of Greensboro as a candidate for the office of President-Elect. (Applause.)

PRESIDENT HUNT: For the nomination of Dr. Neal Sheffield, thank you, Dr. Shaffer.

Are there other nominations?

DR. POINDEXTER: I second the nomination of Dr. Neal Sheffield.

DR. CHARLIE TEAGUE: Mr. President, it has been my privilege to have known Neal Sheffield for the last 25 or 27 years. I have found him to be a man of his word and of the highest character. Anything that he tells you he will do.

He will make you a wonderful president as his past record in the North Carolina Dental Society will represent.

I want to second that nomination.

PRESIDENT HUNT: Are there other nominations?

DR. RALPH JARRETT: I move the nominations be closed.

DR. McCLUNG: I second the motion.

PRESIDENT HUNT: It has been moved and seconded that the nominations be closed, and I assume the Secretary be authorized to cast the unanimous ballot of this Society for the election of Neal Sheffield for the office of President-Elect for the ensuing year.

(The motion was put to a vote and unanimously carried.)

SECRETARY WALKER: Mr. President, it gives me a great deal of pleasure to cast the unanimous vote of the Society for Dr. Neal Sheffield as President-Elect of the North Carolina Dental Society. (Applause.)

PRESIDENT HUNT: Dr. Sheffield, we shall be glad to hear from you at this time.

DR. SHEFFIELD: Mr. President, members and guests of the North Carolina Dental Society: You have bestowed a very great honor on me this evening. An honor of which I am very proud. In accepting this high office of our Society I am fully aware of the great responsibility that rests on my shoulders. I recognize and realize the fine work that has been accomplished by my predecessors, and as a result of their efforts we have one of the finest organizations in the country.

I consider that I was very fortunate in learning of this fine organization and the splendid dental practitioners in our state before I studied dentistry. This happened during World War I, after the Armistice was signed. I was associated with several dental officers from many states in Beaune Cote D'or, France. On learning of my interest in dentistry one of the men said, "Son, go back home and study dentistry and locate in North Carolina for they have one of the best dental organizations in the country and the finest group of dentists to be found anywhere." I am glad that I followed their advice and today I look back with pride and gratitude to the wonderful association with this group.

Dental progress must go on in North Carolina, the high standards of dentistry that have been maintained from the early years must and will go forward.

In my humble way I pledge my all to the high office to which you have just elected me, and may I ask the full and understanding support and cooperation of every member, and God being our guide let's put dentistry on a higher rung of success, where our profession justly belongs.

The next office to be filled tonight is that of Vice-President of the North Carolina Dental Society. Do I hear a nomination?

DR. PAUL FITZGERALD, JR.: Members of the North Carolina Dental Society, we have in our midst a man from the Third District who has, down through the years, fulfilled every obligation assigned to him, not only with dispatch and efficiency, but with the approval of his fellow practitioners, a man who has been elected and has filled the offices of his district.

It gives me great pleasure at this time to place in nomination the name of Dr. C. I. Miller of Albemarle, North Carolina, for the office of Vice-President. (Applause.)

DR. JOHN PHARR: Mr. President, I would like to second that nomination.

PRESIDENT HUNT: Are there any other nominations or seconds?

DR. PRICE: I move the nominations be closed, and that the Secretary be instructed to cast the unanimous ballot.

(The motion was seconded, put to a vote and carried.)

PRESIDENT HUNT: Mr. Secretary, will you please cast the ballot for the Society?

SECRETARY WALKER: Mr. President, members of the North Carolina Dental Society, it gives me a great deal of pleasure to cast the unanimous vote of the North Carolina Dental Society for my good friend Dr. Miller of Albemarle as Vice-President of the North Carolina Dental Society. (Applause.)

PRESIDENT HUNT: Dr. Miller, we shall be glad to recognize you at this time.

DR. C. I. MILLER: Mr. President, I want to say that I will try to

do everything possible within my power to fill this office to which I am elected. I thank you. (Applause.)

PRESIDENT HUNT: Thank you, Dr. Miller. I should like to remind you that one of the very important duties of your office is the attending of all five District meetings.

DR. MILLER: When will that be?

PRESIDENT HUNT: The dates will be published later.

I announced last evening that the office of Secretary-Treasurer was one that required no work whatsoever and that the holder of this office had nothing to do at all, so, if there is anybody in this room who would like to have that easy job, I shall be glad to entertain nominations.

DR. RALPH JARRETT: Mr. President, Secretary Walker: This is one of the nicest pleasures I have ever had.

For two years, this gentleman has been your Secretary and Treasurer and he has done a wonderful job. I nominated him one time a couple of years ago and you didn't know much about him, but he has been a wonderful Secretary and Treasurer, so the President said.

So, again tonight, I offer you for the last time, Bernard Walker, as Secretary-Treasurer of this organization because next year he is going to need something more. (Applause.)

I hope you will have no other nominations tonight.

I want to introduce to you one of my nicest friends among the younger generation, the Secretary and Treasurer, Bernard Walker. (Applause.)

DR. PAUL FITZGERALD, JR.: Mr. President, in my opinion, one good term deserves another. I should like to take pleasure in seconding the nomination of Dr. Walker.

DR. Z. L. EDWARDS: I would like to move that nominations be closed, the rules suspended, and Dr. Walker be elected by acclamation, and Paul Fitzgerald, as Past President, be designated to cast the unanimous vote of the Society for Dr. Walker.

DR. MINGES: I second the motion.

PRESIDENT HUNT: It has been moved and seconded that the nominations be closed, Dr. Walker be elected by acclamation, the rules be suspended, and Dr. Paul Fitzgerald, Sr., cast the ballot for the North Carolina Dental Society. (Motion carried.)

I now recognize Dr. Fitzgerald.

DR. PAUL FITZGERALD, SR.: Mr. President, members of the North Carolina Dental Society. I feel it is an honor this evening to be able to cast the vote of the North Carolina Dental Society for Dr. Bernard Walker as Secretary-Treasurer for the incoming year. Dr. Walker, I commend you.

SECRETARY WALKER: Thank you.



President A. C. Current, retiring President R. Fred Hunt, President-elect Neal Sheffield, Secretary-Treasurer B. N. Walker, Vice-President C. I. Miller, Editor M. R. Evans, and retiring Vice-President Guy Willis.

PRESIDENT HUNT: I shall be very glad to recognize our Secretary-Treasurer at this time.

SECRETARY WALKER: Thank you. Friends, Dr. Hunt.

You know, the peace is wonderful, the harmony that prevails tonight is really heart warming.

You know, it is a pleasure to serve as those before me have served the North Carolina State Dental Society.

You know, the Dental Society is made by every member. The members of the Executive Council, the officials of the Society, can only do as you support them. You, each and every one of you, have supported me, and I thank you and I just hope that I can do the job this next year that I would like to do.

Thank you very much. (Applause.)

PRESIDENT HUNT: Thank you, Bernard. I should like again to congratulate you upon the very capable and efficient manner in which you have executed the duties of your office. It has been a real pleasure to work with you during the past year.

The next order of business on our agenda is the election of two members to the State Board of Dental Examiners to succeed Wilbert Jackson and Dr. Frank O. Alford whose terms expire this year.

I shall now entertain a motion for a successor to Dr. Wilbert Jackson.

DR. DONALD KISER: Just a few moments ago Dr. Jackson told me he would not allow his name to be put up to succeed himself again on the State Board of Examiners.

I want to publicly thank Dr. Jackson most sincerely for the splendid service he has rendered to the North Carolina Dental Society. (Applause.) And, even though he will not run again for the Board of Examiners, I am sure the members of the North Carolina Dental Society, the leaders, will look to him for many years to come for advice in conducting their specific offices.

In Dr. Jackson's vacating shoes, large shoes, we need a large man to fill them. We need a man who is young enough to have many years of service left yet old enough to have mature wisdom and judgment.

I want to nominate just such a man tonight. I met him and have loved him since 1929 when we were in college together, fraternity brothers. He has conducted himself on a very high plane. He has given unselfishly of his time and talents for the well being of the North Carolina Dental Society.

The program which you are enjoying this year and which you enjoyed last year are the results of his careful, tedious work.

It gives me a very peculiar pleasure to nominate Dr. Darden Eure to succeed Dr. Jackson on the State Board of Examiners. Thank you. (Applause.)

PRESIDENT HUNT. Are there other nominations?

DR. JARRETT: Mr. President, I move that nominations be closed and that we give a unanimous vote of thanks.

PRESIDENT HUNT: And that the Secretary cast the ballot?

DR. JARRETT: Yes, sir.

PRESIDENT HUNT: A motion has been made that the nominations be closed and that Dr. Eure be elected by acclamation and that the Secretary cast a ballot for the Society.

(The motion was put to a vote and carried.)

SECRETARY WALKER: It gives me a great deal of pleasure to cast the unanimous vote of the North Carolina Dental Society for Dr. Darden Eure elected to succeed Dr. Wilbert Jackson as a member of the State Board of Dental Examiners. (Applause.)

PRESIDENT HUNT: Darden, we shall be glad to hear from you at this time.

DR. DARDEN EURE: Mr. President—thank you, Donald. I hope that I may be worthy. I will do my very best. Thank you. (Applause.)

PRESIDENT HUNT: Thank you, Darden. Knowing you as I do, I am sure you will make an excellent examiner.

The next order of business is the election of a successor to Frank Alford on the State Board of Dental Examiners. Do I hear a nomination?

DR. D. L. PRIDGEN: Mr. President, members of the Society: I have had the honor and the privilege of serving on the Board of Dental Examiners. After six years of service, I felt that this was long enough and so stated, but the Society seemed to think differently and returned me for another term. I still think, however, that six years usually is long enough unless there be some special reason to continue a man in office over a longer period of time.

In the case of one member of that Board, I believe that such a reason does exist. I refer to the member who served as Secretary of the Board. Not every member of the Board is qualified to serve in that capacity. I know that I could not have done so in that manner. Even one possessing all the other qualifications without much experience in the workings of the Board and the thorough understanding of and an acquaintance with the dental laws of the State, he would still be an inefficient secretary.

The man who has been serving in that capacity has certainly been one of the best secretaries we have ever had, tireless in his efforts to make the Board function properly, relentless in his efforts to enforce the dental laws of the State.

I have often thought that the great amount of time, effort and the personal funds which he has expended in service to the profession have not been properly appreciated. No other man in the Society could at this time step into his shoes and serve the Board and the profession so well.

Therefore, I would like to nominate Frank O. Alford to succeed himself. (Applause.)

PRESIDENT HUNT: Are there any other nominations?

DR. C. T. WELLS: Mr. President, I would like to second the nomination of Dr. Frank O. Alford.

PRESIDENT HUNT: Are there any other seconds or nominations?

DR. L. M. MASSEY: Mr. President, I would like to make a motion that the nominations be closed, the rules be suspended, and Dr. Alford be elected by acclamation, and the Secretary cast a vote for the Society.

(The motion was put to a vote and carried.)

SECRETARY WALKER: Mr. President, members of the North Carolina Dental Society: It gives me a great deal of pleasure to cast the unanimous vote of this Society for Frank O. Alford to succeed himself as a member of the State Board of Dental Examiners. (Applause.)

PRESIDENT HUNT: Dr. Alford, we shall be glad to hear from you at this time.

DR. FRANK O. ALFORD: Mr. President, members of the North Carolina Dental Society: I appreciate the confidence you have placed in me. I can say no more than that. (Applause.)

PRESIDENT HUNT: The next order of business on the agenda is the election of a delegate to the House of Delegates of the American Dental Association to succeed Dr. Wilbert Jackson whose term expires tonight.

Are there nominations?

DR. C. W. SANDERS: A very fine tribute has already been paid the man whom I propose to nominate. I think that anything I might say would be rather anti-climax.

However, as I see it, we cannot afford to lose the valuable services of a man who has contributed so much to dentistry and to the North Carolina Dental Society. I am happy to nominate Dr. Wilbert Jackson to succeed himself as a delegate to the American Dental Association from the North Carolina Dental Society for the next term of three years. (Applause.)

DR. DON KISER: Mr. President, I would like to have the privilege of seconding the nomination, please.

PRESIDENT HUNT: Are there other nominations? Are there other seconds?

Is there a motion that Dr. Jackson be elected by acclamation and that the Secretary be instructed to cast a unanimous ballot?

DR. PAUL FITZGERALD, JR.: I so move, Mr. President.

DR. MINGES: I second the motion.

PRESIDENT HUNT: It has been moved and seconded that Dr. Jack-

son be elected by acclamation and that the Secretary cast the ballot. Motion carried.

SECRETARY WALKER: Members of the North Carolina Dental Society, it gives me a great deal of pleasure to cast the unanimous vote of the Society for Dr. Wilbert Jackson, as member of the House of Delegates to the American Dental Association. (Applause.)

PRESIDENT HUNT: The next order of business is the election of a delegate to the next annual session of the American Dental Association to succeed the late Dr. H. O. Lineberger whose unexpired term is for a period of one year.

I shall entertain nominations to fill this office.

DR. AMOS BUMGARDNER: Mr. President, this is the first opportunity I have had—you have a fine crowd tonight. It certainly is a wholesome feeling up here to see all these folks.

I would like to place in nomination the name of Dr. Charlie Poindexter, one whom I know and with whom I worked very closely for a quarter of a century, and you know him as well as I do, to succeed to the term of one year's duration to the House of Delegates of the American Dental Association.

DR. H. V. MURRAY: I would like to second the motion.

PRESIDENT HUNT: Any other nominations?

DR. McCLUNG: I would like to move that nominations be closed.

DR. BOTTOMS: I would like to move that nominations be closed and the Secretary cast the unanimous vote for our dear friend Charlie Poindexter.

DR. FRANK GILLIAM: I second the motion.

PRESIDENT HUNT: It has been moved and seconded that Dr. C. C. Poindexter be elected by acclamation, and that the Secretary cast the ballot for the Society.

(The motion was put to a vote and carried.)

SECRETARY WALKER: It gives me a great deal of pleasure to cast the unanimous vote of the Society for C. C. Poindexter to the House of Delegates of the American Dental Association.

PRESIDENT HUNT: I shall be glad to recognize Dr. Poindexter at this time.

DR. POINDEXTER: Mr. President, I cannot carry on the work of Dr. Lineberger. I thank you gentlemen for this vote of confidence. (Applause.)

PRESIDENT HUNT: Thank you, Dr. Poindexter.

Now we are ready to get down to serious business, that of electing alternates to the A.D.A. House of Delegates. I should like to remind you

that in the past it has been customary to nominate only five men. However, you may nominate as many as you like.

Nominations are now in order.

DR. COYTE MINGES: I would like to nominate Dr. R. Fred Hunt, our President.

PRESIDENT HUNT: That rules me out. Mr. Secretary, please assume the chair.

SECRETARY WALKER: Dr. Fred Hunt has been nominated.

DR. O. C. BARKER: Mr. Secretary, I would like to nominate one of our former Vice-Presidents, Dr. Cecil Pless.

DR. PHARR: I would like to nominate Dr. Frank Alford.

DR. NORMAN ROSS: I would like to nominate Dr. T. W. Atwood.

DR. WALTER CLARK: I would like to nominate Dr. Erby Medlin.

DR. JARRETT: I move the nominations be closed and they be elected by acclamation.

SECRETARY WALKER: All those who would like to nominate R. Fred Hunt, Cecil Pless, T. W. Atwood, Erby Medlin, and Frank O. Alford, please signify by saying Aye, opposed, No.

(The motion was carried.)

I declare them elected.

PRESIDENT HUNT: Thank you, Mr. Secretary.

There is one more item of business before adjourning to the House of Delegates, and that is the selection of the place of meeting for the 1953 session. Is there an invitation?

I might say that Mr. Fitzgibbon, manager of the hotel, has presented an official invitation for us to meet here again. Are there any invitations from other places?

DR. A. C. CURRENT: I do want to say that inasmuch as it might be my privilege to preside over this meeting, I certainly would like to see them come to Pinehurst, and I want to move we so act.

(The motion was seconded.)

PRESIDENT HUNT: It has been moved and seconded that we come to Pinehurst. Are there any other invitations? You better get your Chamber of Commerce bids in because we are about to close out here.

If there are no other places interested in having our meeting, I shall now ask for a vote.

(The motion was put to a vote and carried.)

The House of Delegates will meet immediately after adjournment here.
(The meeting adjourned at 9 o'clock p. m.)

HOUSE OF DELEGATES

Second Session

The Second Meeting of the House of Delegates was called to order at 9:05 o'clock, p. m., President Hunt presiding.

PRESIDENT HUNT: The Secretary declares a quorum present. The meeting is open for the transaction of any business that might come before it.

I shall be glad to recognize Dr. J. Martin Fleming.

DR. J. MARTIN FLEMING: Mr. President, I feel that I owe an apology for not bringing a written report of the Library Committee and History Committee, but there has been very little action taken.

I have had some volumes bound to present to the University of North Carolina so that there is a continuous record of the proceedings of the North Carolina Dental Society from 1875 to 1951, inclusive, and I have had a personal account for book binding of about \$6, which I will later present to the Secretary for his endorsement.

If you will accept that as my report, since there was very little activity, I make my apologies for not making it in a written report.

PRESIDENT HUNT: Dr. Fleming, I don't believe, is a member of this House, so will somebody make a motion that this report be received.

DR. Z. L. EDWARDS: I so move.

(The motion was seconded, put to a vote and carried.)

PRESIDENT HUNT: Dr. Burke Fox, Charlotte.

DR. FOX: Mr. President, last night on behalf of the Charlotte Dental Society, I made a motion proposing a change in the by-laws. In view of the fact that some opposition has been expressed to that, I would like to make a motion that this proposed change in the by-laws be held over and given further consideration and a vote be taken on it at our next Annual Meeting. Motion carried.

PRESIDENT HUNT: The next order of business is a report from Dr. Gilliam.

DR. GILLIAM: Mr. President, in reporting for the Necrology Committee, I would like to file the names of the men that wrote the memorial reports and the names of the men that died, members that died during the year.

PRESIDENT HUNT: Dr. Gilliam, that will appear in the *PROCEEDINGS*.

DR. GILLIAM: I make such a motion.

(The motion was seconded, put to a vote, and carried.)

DR. CLYDE MINGES: Might I suggest we suspend and have a minute of silence in honor of those gentlemen who have departed.

PRESIDENT HUNT: Is that a motion?

DR. MINGES: Yes, I make that motion.

(The motion was seconded, put to a vote, and carried, and the membership stood in a moment of silence.)

PRESIDENT HUNT: Thank you, Dr. Minges for that timely thought.

DR. WADE SOWERS: Mr. President, may I make the report of the Liaison Committee to the Old North State Dental Society.

REPORT OF THE LIAISON COMMITTEE TO THE OLD NORTH STATE DENTAL SOCIETY

On October 19, 1951, I wrote Dr. M. L. Watts, Secretary of the Old North State Dental Society, the following letter:

"Dear Doctor Watts:

Dr. Fred Hunt, President of the North Carolina Dental Society, appointed me Chairman of the Liaison Committee to the Old North State Dental Society. Those serving with me are the following:

Dr. Roy C. Daniel	Southport
Dr. Paul T. Harrell	Wake Forest
Dr. Henry S. Zaytoun	Rocky Mount
Dr. L. P. Baker	Kings Mountain
Dr. S. W. Shaffer	Greensboro
Dr. Vernon H. Cox	Winston-Salem
Dr. Harold S. McGuire	Sylva
Dr. A. W. Craver	Greensboro

We, as the committee of the past, shall be glad to serve you in the same manner and courtesy. Any time this committee can assist you, please call on us.

With every good wish to you and the Old North State Dental Society, I am

Very truly yours,

Wade Sowers, Chairman"

Inasmuch as I did not receive a reply, we assume that the Society is progressing with efficiency under its own leadership.

Wade Sowers, Chairman

DR. SOWERS: I move the adoption of this report.

(The motion was seconded, put to a vote and carried.)

DR. RALPH FALLS: Mr. Chairman, Dr. Overman was unable to be here and I have the report of the State Institutions Committee.

REPORT OF STATE INSTITUTIONS COMMITTEE

We have, in the State of North Carolina, from ten to fifteen thousand patients in our State Hospitals. In recent years modern equipment has been installed in most of these Institutions and adequate dental service has been rendered.

With this number of patients it seems that the dental profession should be represented at all times on the Hospital Board of Control. Up to this time we have had only two members of our State Society to serve on this Board.

Dr. C. C. Poindexter served most efficiently from November 1941 until April 1945. Dr. H. O. Lineberger served from April 1945 until the time of his death, December 7, 1951. Dr. Lineberger's service to the State while serving on this Board is a credit to the dental profession. He gave unselfishly of his time and energy and was efficient in every respect. Both of these men made a very fine record while serving on the Hospitals Board of Controls, and if our profession is to continue to render its best service to the patients of our State Hospitals, it is necessary that we be represented on the Board at all times, so that we may have first hand information as to the Institutions needs.—G. L. Overman, Chairman.

Dr Overman asked me to also comment that he had letters from two of the candidates for Governor. Mr. Umstead definitely said that he would appoint a member of the dental profession on the Hospitals Board of Controls, and there is a letter from Mr. Olive, the other candidate, who said he would be glad to meet with a representative committee and discuss it and give it due consideration.

Not being a member, someone else will have to make the motion.

PRESIDENT HUNT: Since Dr. Falls is not a member of the House of Delegates, Dr. McDaniel, would you like to make a motion that the report be accepted?

DR. McDANIEL: I make that motion. Motion carried.

DR. BOBBITT: Mr. Chairman, we have the report of the North Carolina Advisory Committee to the Selective Service.

REPORT OF ADVISORY COMMITTEE TO SELECTIVE SERVICE

The North Carolina Advisory Committee to Selective Service makes the following report of its activities in the year of 1951-1952. This Committee has been very active. We have advised the Military on some twenty or thirty dentists and full time teachers connected with the University Dental School as to their availability or essentiality.—S. L. Bobbitt, Chairman.

I move adoption.

PRESIDENT HUNT: Are you a member of the House of Delegates?

DR. BOBBITT: No.

PRESIDENT HUNT: Dr. Baker, would you like to make that motion, that the report be adopted?

DR. BAKER: I move the adoption. Report adopted.

DR. FOX: Mr. President, I have the report of the Dental Caries Committee.

REPORT OF DENTAL CARIES COMMITTEE

Since the talk by Dr. Kesel on Dental Caries was so much better and more comprehensive than any report this committee could make, we should like to urge all members of the society who did not hear him to read this discussion in the "*Proceedings*".

One more thing might be added. Control of caries is like house insulation. Percentage figures may add up to more than 100% savings. However, we still have to buy coal or oil. It will still be necessary for the dentists to keep their patients from being self-confident and it will still be important to do preventive odontotomy—placing small fillings in pits, fissures and other minor defects which might act as gateways for invasion by decay.

In Charlotte during the past few years there has been an active interest in all phases of dental health. The number of dentists has practically doubled. Education on dental health has been stressed in the schools. Radio and newspaper publicity has been used. Topical application of fluoride, and—for the past three years, the addition of fluoride to the water supply has been in effect. To date, with all this, results in actual caries reduction are almost imperceptible.

Our active interest and best efforts will be needed for a long time to come to achieve any marked results.—Burke Fox, Chairman.

Mr. President, I move this be accepted as information.

PRESIDENT HUNT: It has been moved that this report be not adopted, but accepted as information. Report adopted as information.

DR. PAUL FITZGERALD, SR.: Mr. Chairman, I would like to make the report of the Relief Committee.

REPORT OF RELIEF COMMITTEE

Relief Funds on hand in bank as of May 1, 1952.....	\$ 1,237.61
U. S. Bonds, purchase price	8,889.50
Total	\$10,127.11

During the past year we have disbursed the amount of \$892.50 which is in excess of the amount collected.

We have two members who are recipients of aid from the fund at this time.—Paul Fitzgerald, Chairman.

I move adoption of this report, Mr. Chairman. Report adopted.

DR. FITZGERALD: And the report of the Executive Committee of the North Carolina Dental Society.

REPORT OF EXECUTIVE COMMITTEE OF THE NORTH CAROLINA DENTAL SOCIETY

The Executive Committee of the North Carolina Dental Society has held five meetings during the year respectively: Pinehurst, May 2, 1951; Raleigh, July 15, 1951; Raleigh, September 10, 1951; Pinehurst, January 20, 1952; Chapel Hill, March 30, 1952.

The minutes of the above meetings will be published in the "*Proceedings*" issue of the Journal.—Paul Fitzgerald, Chairman.

I move adoption of the report.

(The motion was seconded, put to a vote, and carried.)

PRESIDENT HUNT: Dr. Evans, Editor-Publisher.

REPORT OF THE EDITOR JOURNAL OF THE NORTH CAROLINA DENTAL SOCIETY YEAR 1951-1952

To the House of Delegates

North Carolina Dental Society

The annual report of your publications committee is herewith submitted, setting forth results of operations for the year 1951-52, and the consolidated financial position at May 12, 1952.

The balance sheet and the accompanying statements of income and surplus as well as an outline of the progress made during the year is included.

In accordance with a directive of the Executive Committee at a meeting held in Raleigh, July 15, 1951, the name of the publication was changed from the BULLETIN to the JOURNAL of the NORTH CAROLINA DENTAL SOCIETY.

During the year a concentrated effort has been made to improve the financial standing of the Journal, and at the same time maintain the high standards set by my predecessor, Dr. L. Franklin Bumgardner.

Receipts totaled \$2706.00 and expenditures of \$1759.53 have been made for the year 1951-52.

The net profit for the year, as shown in the financial report is \$1041.97. This entire amount is planned for additions and expansion of the publication for the next year. The committee invites suggestions for the attainment of this goal.

In conclusion, I wish to express my sincere appreciation for the splendid co-operation accorded the members of the Publications Committee, the help of Dr. C. C. Poindexter, Chairman of the Prosthetic Dental Service Committee, the able guidance of our Executive Committee, and the loyalty and interest of our President and the Officers, as well as the enthusiastic support of the entire membership during the past year.—M. R. Evans.

DR. EVANS: Gentlemen, I have a financial report here of two or three pages of expenditures and receipts. What is your pleasure? Shall I continue to read?

PRESIDENT HUNT: To read it into the *PROCEEDINGS* by title, I think, has been suggested. If there is no objection, we will read it by title. Is there an objection? (There was no response.) If not, it will be read by title. Thank you for your report.

DR. GILLIAM: I move the adoption of the report by title.

(The motion was seconded, put to a vote and carried.)

RECEIPTS

Year 1951-1952

L. Franklin Bumgardner, June 14, 1951	\$ 304.74
Miller Dental Laboratory	72.00
R. Lee Toombs	46.00
Fleming Dental Laboratory	90.00
Pattishall & Branch	54.00
Charlotte Dental Laboratory	180.00
Walker-Sizer Dental Co.	90.00
Eure Dental Laboratory	30.00
Keys & Frink Dental Laboratory	30.00
J. L. Crumpton, Insurance	112.50
Merrimon Insurance Agency	30.00
Buran's Dental Laboratory	20.00
Carter Laboratory	54.00
Richmond Dental Cotton Company	60.00
Greensboro Laboratory	20.00
Woodward Prosthetic Company	180.00
Keener Dental Supply Co.	54.00
North State Dental Laboratory	36.00
Witt Dental Laboratory	30.00
Powers and Anderson Dental Co.	135.00
Noble Dental Laboratory	90.00
Thompson Dental Company	180.00
Dairy Council	36.00
Spake's Dental Laboratory	20.00
Central Dental Laboratory	36.00
R & R Dental Laboratory	60.00
S. S. White Dental Mfg. Co.	60.00
Economy Printing Co.	10.00
Arrington Dental Laboratory	20.00

Noyes & Sproul (Corega)	89.40
Noyes & Sproul (Pycope)	29.40
Horton Dental Laboratory	54.00
New Bern Laboratory	30.00
Associated Laboratory	20.00
S & S Laboratory	20.00
Goldsboro Dental Laboratory	20.00
Sullivan Dental Laboratory	40.00
Robert Conahay & Associates (Luxene)	153.00
Subscriptions	15.00
Dentists' Supply Co. of New York	74.96
Vaught Dental Laboratory	10.00
City Laboratory	10.00
Total, May-12, 1952	<u>\$2,706.00</u>

EXPENDITURES

Year 1951-1952

Gray and Creech (Stencils)	\$ 4.64
Telephone	8.26
Economy Printing Co. (Envelopes)	51.40
Ledbetter-Pickard (Supplies)	10.41
Postmaster, Chapel Hill (Application for mailing)	10.00
Jocie Motor Lines, Inc. (Freight)	1.55
Postmaster, Chapel Hill (Deposit for October issue)	42.76
Economy Printing Co. (October issue and statements)	604.54
Postmaster, Chapel Hill (Stamps)	10.00
Orange Printshop (January issue and envelopes)	334.80
Postmaster (Stamps)	10.00
Ledbetter-Pickard (Supplies)	4.07
Orange Printshop (April issue and envelopes)	530.00
University Service Plants (Telephone)	10.10
Orange Printshop (Programs)	127.00
Total, May 12, 1952	<u>\$1,759.53</u>

SUMMARY

Year 1951-1952

Total Receipts	\$2,706.00
Total Expenditures	<u>1,759.53</u>
	\$ 946.47
Checks on Hand:	
The Carolina Hotel	\$ 30.00
Lee Ramsdell & Co., Richmond Dental Cotton Co....	25.50
R & R Dental Laboratory	30.00
Spake's Dental Laboratory	<u>10.00</u>
	\$ 95.50
Balance, May 12, 1952	<u>\$1,041.97</u>

DR. T. M. HUNTER: Mr. President, I would like to make a report of the activities of the Advisory Committee to the North Carolina Dental Hygienists Association.

Inasmuch as the President of the Dental Hygienists was employed in my office, most of the affairs necessary for the action of this Committee were handled without the necessity of special meetings of this Committee.

I would like to report that the Dental Hygienists Society has operated smoothly throughout the year as is evidenced by the fine meeting these ladies have had today.

The Constitution and By-Laws of the North Carolina Dental Hygienists Association were accepted this year by the American Dental Hygienists Association and the North Carolina Dental Hygienists Association therefore is a full-fledged component of the National Association.

Last year, there had been a total of 27 hygienists licensed in North Carolina, with 16 practicing in the State. This year there are 33 licensed, with 22 practicing in the State.

This year's meeting is the largest this group has had with 14 in attendance, whereas there were six in attendance last year. In addition, there have been in attendance Miss Ida Mae Stilley of Pittsburgh, Pennsylvania, whom you will hear tomorrow, who is a registered hygienist; Miss Alice Grady, St. Augustine, Florida, Trustee of the Sixth Dental District, and Miss Gwendolyn Cooper of Miami, Florida.

I would like to ask that all dentists who employ hygienists in North Carolina put forth an effort to encourage the ladies employed in their office to affiliate themselves with this group. I feel that they are really accomplishing something, and the group needs the help of each of these individuals because you certainly can realize the difficulty of functioning in so small a group. These ladies are vitally interested in the profession of dentistry because, after all, without dentistry they have no profession. I thank you, Mr. President. Report adopted.

DR. TEAGUE: I have the report of the Insurance Committee.

REPORT OF INSURANCE COMMITTEE

The participation in our Group Accident and Health Plan by Society members has continued to increase.

During the past year, the insuring company has made still further benefits available to us, which were enthusiastically received by the members. During the year, the number of members increased in the group by about 20%, and there was about a 50% increase in the volume of protection in effect due to new members applying for coverage and increased benefits of coverage made available.

About two-thirds of those insured have taken the new \$10.00 per day hospital benefits and the new surgical benefits.

Also, during the year, our members received over \$21,000.00 in dis-

ability benefits. This is proof of the great value of our Accident and Health Plan to members.

The insuring company through Mr. J. L. Crumpton of Durham, N. C., is planning still further benefits for us, which will be available on the premium date, June 22nd.

1. To extend the present period payable for each illness from *one* year to *five* years.
2. Increase your present weekly indemnity to \$100.00 (\$433.00 per month).
3. Increase your present dismemberment benefits from \$5,000.00 to \$20,000.00 (including speech and hearing).

The total premium including your present policy, plus all the above increases and new benefits will be only \$86.50 semi-annually, and \$172 annually, same proportionate cost as always.

Our group policy as adopted by the North Carolina Dental Society has proven entirely satisfactory and it is the opinion of your Insurance Committee that everyone of us should give this Plan our whole-hearted support and participation.

The American Dental Association is formulating a plan of Group Life and Disability Insurance but details are not available so a report cannot be made at this time but will be at the next Annual Meeting.

—C. H. Teague, Chairman.

DR. S. P. GAY: I move adoption of the report of the Insurance Committee.

(The motion was seconded, put to a vote, and carried.)

PRESIDENT HUNT: Thank you, Dr. Teague. I would like to commend Dr. Teague for the fine work that he has done as Chairman of this Committee.

I should like to add for your information just this thought—the new health and accident policy which the American Dental Association will sponsor beginning, I think, September 1st, which pays up to \$400 per month for disability does not conflict with your state policy. You may carry both policies if you like.

DR. R. R. HOWES: President Fred, I would like to make a report to you as Chairman of the Resolutions Committee in regard to the Public Health Building at Chapel Hill.

I have drawn up a resolution at the request of your President. There is a shortage of facilities in regard to the Public Health Building. I understand it is on the map to be built, but it might need a little bit of pushing. So, at the President's request, I have drawn up this resolution which I trust you will adopt, which is self-explanatory.

REPORT OF RESOLUTION COMMITTEE

WHEREAS there is an acute shortage of individuals trained in the public health skills in North Carolina, to the extent that in some categories of such skills North Carolina ranks well below the average for the Nation, and

WHEREAS the School of Public Health of the University of North Carolina is the only source of academic training in such skills in the state and one of the few in the Southeastern region, and

WHEREAS the National Committee for the Medical School Survey in its recommendations to the Board of Trustees of the University of North Carolina stressed the urgent necessity for the continued development of the School of Public Health and its integration with the expanded Schools of Medicine and Pharmacy and the new Schools of Dentistry and Nursing in order to meet the health needs of the state, and,

WHEREAS, the present Public Health and Medical Building, which was made possible largely through the efforts of the School of Public Health, is now needed entirely by the expanded School of Medicine, and

WHEREAS the School of Public Health is now so inadequately housed as to be severely limited in its ability to fulfill either its proper role in the Division of Health Affairs of the University or its obligation to meet the needs of the state for trained public health workers.

NOW, THEREFORE, BE IT RESOLVED that the North Carolina Dental Society express as its strong recommendation and earnest hope that the University of North Carolina make budgetary provision in the next biennium for the completion of the building of the School of Public Health, and

BE IT FURTHER RESOLVED that the North Carolina Dental Society pledge its full support to any move to secure funds for such construction, and,

BE IT FURTHER RESOLVED that copies of this resolution be sent to the President of the University of North Carolina, the Medical Society of the State of North Carolina, the North Carolina Public Health Association and the Academy of Preventive Medicine and Public Health.

—R. R. Howes.

PRESIDENT HUNT: Thank you, Dr. Howes. Gentlemen, this resolution is nothing more than a request for our endorsement, for funds from the Legislature for the completion of the School of Public Health. You will recall that when we first attempted to establish a dental school at the University that Dr. McGavran, who is head of the School of Public Health was the liaison man between the University and the dental profession. He rendered much valuable assistance to the Dental College Committee.

I personally feel that we should certainly go along with his organization in asking that the Legislature approve this appropriation. That is all it amounts to.

DR. McDANIELS: I would like to make a motion that this resolution be adopted.

DR. PEARCE ROBERTS: I second the motion.

PRESIDENT HUNT: Is there any discussion of this motion, gentlemen? (There was no response.)

(The motion was put to a vote and carried.)

Will the Secretary please notify the proper authorities as the resolution requests? Many times in the past we have endorsed resolutions, put them in our file and nothing more was done about them.

DR. HOWES: Mr. President, the request was that certain organizations be notified of it.

PRESIDENT HUNT: I recall that, Doctor, but the thing is, if you will read your *Proceedings* of former years you will see that no action has ever been taken on some resolutions. Your desire is that they have that notification, is that correct?

DR. HOWES: Correct.

PRESIDENT HUNT: Who has the next Committee report?

DR. Z. L. EDWARDS: I have the report of the Constitution and By-Laws Committee.

You gentlemen will recall that last evening, two resolutions proposing changes in our Constitution and By-Laws were introduced at the House of Delegates. The President referred them to the Constitution and By-Laws Committee.

Since the report of the Constitution and By-Laws Committee was prepared, and since coming into this room tonight, the introducer of one of the resolutions has come before you and requested that it be withdrawn for the time being. Consequently it has been necessary to delete about two-thirds of our report which, incidentally, saves the North Carolina Dental Society several dollars.

Evidently, Dr. Fox took our President's suggestion of last evening seriously when it came to saving money in the publication of our proceedings.

There was a second resolution presented, as I understand it, by Drs. Bernard Walker, Thomas Nesbit and John R. Pharr. This proposed the following change in Article VII, Section 1 of the Constitution to be amended to include the Advisory Committee for Veterans Administration as a standing committee. As it has been before, the President, who has the authority to appoint any necessary committee, has been appointing this committee if necessary, which was a committee to be changed with each administration. It was the consensus of opinion of some of our most able members of the Society and some of those who have had experience in dealing with Veterans' affairs, and in consultation with the Veterans Administration, that this committee should be made a standing committee. In order to do that,

it was necessary to amend our Constitution and By-Laws as noted in this report.

Therefore, your Committee, in deference to the high regard for the opinion of those who have had experience in this line, agreed with the necessity of making this a standing committee.

Therefore, we recommend such amendments to our Constitution and By-Laws for your consideration.

PRESIDENT HUNT: Dr. Edwards, you are putting this before the House as a matter of information tonight to be voted on at a subsequent meeting, is that correct?

DR. EDWARD: In order to be effective, I understand that 90 per cent tonight should vote on it, otherwise it will lay over.

PRESIDENT HUNT: Otherwise, it lays over on the table until next year at which time a two-thirds majority vote is required.

DR. EDWARDS: That's right.

PRESIDENT HUNT: So we will bring this up at the next meeting of the House of Delegates for a vote. This is read as a matter of information tonight.

DR. EDWARDS: I forgot to read you the members,—Frank O. Alford, D. L. Pridgen, Dan T. Carr, Z. L. Edwards, Chairman.

PRESIDENT HUNT: Thank you, Dr. Edwards.

Are there other reports?

DR. McCLUNG: I have the report of the Ethics Committee.

REPORT OF ETHICS COMMITTEE

The Ethics Committee is happy to report that we have learned of no violation by members of our Society during the past year.

There was a news article in a Winston-Salem paper by one of the Dental Assistants in which she mentioned her employer's name. We felt that it did not warrant bringing the dentist before the Committee.

We would like to discourage such articles by Dental Assistants.
—John A. McClung, Chairman.

DR. McCLUNG: Mr. President, I would like to move adoption of this report. Report adopted.

SECRETARY WALKER: Dr. Donald Kiser asked me to read the report of the Clinic Committee.

REPORT OF THE CLINIC COMMITTEE

The Clinic Committee had excellent response from the membership this year. Thirty-six table clinics have been arranged with a wide variety

of subjects to be presented. Our Dental School has cooperated in furnishing clinics by the faculty members as well as a Student Clinic. I'm sure the members of our Society have a real treat in store for them on Tuesday morning.

May I take this opportunity to express my deep appreciation to the Clinic Board of Censors and the Superintendent of Clinics Committees for the fine cooperation they gave in arranging for this phase of our program. And the entire membership of the N. C. Dental Society is grateful to those who shared their knowledge by presenting a table clinic.

—J. Donald Kiser, Chairman.

I move that this Committee report be adopted.

PRESIDENT HUNT: I should like to officially say that Dr. Kiser has done a very fine job this year. We have more clinics than we have ever had before and, in fact, there are so many it will be necessary to use two other rooms tomorrow morning. I believe the Pine Room and the Cocktail Lounge will be used for clinics tomorrow morning, so I am very pleased and very happy at the results of the activities of this Committee.

(The motion was put to a vote and carried.)

We would like, gentlemen, to complete our Committee Reports tonight. If there are others, I shall be glad to hear them at this time.

DR. COYTE MINGES: As Chairman of the Out-of-State Visitors Committee, I can only say we have worked.

PRESIDENT HUNT: Thank you, Dr. Minges. You are not making that in the form of a motion?

DR. MINGES: Just as a matter of information.

PRESIDENT HUNT: That's right.

I should like to say that Dr. Minges is not talking much, but he has been working a great deal. If you don't think so, just ask some of these visitors who are here for this meeting. I am sure they will tell you he has done an excellent job as Chairman of this Committee.

Are there other reports at this time?

SECRETARY WALKER: I can make the Secretary-Treasurer's report.

REPORT OF THE SECRETARY-TREASURER

2205 St. Mary's Street
Raleigh, North Carolina
July 5, 1952

To the Officers and Directors
North Carolina Dental Society
Charlotte, North Carolina
Gentlemen:

I have examined the books and records of the North Carolina Dental

Society for the fiscal year ended May 31, 1952, and submit herewith my report, comprising the following statements, together with my comments thereon:

EXHIBIT A BALANCE SHEET

EXHIBIT B STATEMENT OF CASH RECEIPTS AND
DISBURSEMENTS

Schedule 1 Bank Reconciliation

Schedule 2 1952 Meeting Expense

Cash on deposit was verified directly with the depository, as was the presence of the bonds held for safekeeping. Receipts were traced into the bank account and invoices submitted and cancelled checks were inspected and found to be in order.

Membership records and any unpaid bills were not submitted for my examination. As a result, no liabilities are shown on the Balance Sheet—

EXHIBIT A.

To the Officers and Directors
North Carolina Dental Society
Charlotte, North Carolina

I have examined the records of the North Carolina Dental Relief Fund for the fiscal year ended May 31, 1952. A statement of the cash transactions follows:

Receipts:

A.D.A.—Share Christmas Seal Receipts	\$ 674.26
Annual Contribution from N.C.D.S.	500.00

Total Receipts	\$ 1,174.26
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Disbursements:

A.D.A. Special Relief Fund	\$ 1,102.50
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Net Increase	71.76
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Bank Balance—June 1, 1951	1,403.35
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Bank Balance—May 31, 1952	\$ 1,475.11
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The assets of the Fund at May 31, 1952 were as follows, there being no liabilities of record:

Cash on Deposit	\$ 1,475.11
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U. S. Treasury Bonds—Series F.

Maturity \$12,025.00—Cost	8,898.50
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Total	\$10,373.61
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Cash on deposit was verified directly with the depository, as was the presence of the bonds held for safekeeping.

Respectfully submitted,

H. H. RICE, C.P.A.

North Carolina Dental Society
Charlotte, North Carolina

BALANCE SHEET

May 31, 1952

EXHIBIT A

ASSETS

Cash on Deposit—Schedule 1	\$ 4,233.40
U. S. Treasury Bonds—Series F—	
Maturity \$12,500.00—at cost	9,250.00
Total Assets	\$13,483.40
Net Worth—General Fund	\$13,483.40

North Carolina Dental Society
Charlotte, North Carolina

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

Fiscal Year Ended May 31, 1952

EXHIBIT B

Bank Balance—June 1, 1951 \$ 2,990.83

Receipts:

Membership Dues:

	<i>Active</i>	<i>Life</i>	<i>Total</i>
District #1	\$ 4,479.00	\$ 280.00	\$ 4,759.00
2	5,067.00	700.00	5,767.00
3	3,732.00	680.00	4,412.00
4	2,876.00	600.00	3,476.00
5	3,101.00	820.00	3,921.00
	<u>\$19,255.00</u>	<u>\$3,080.00</u>	<u>\$22,335.00</u>

Relief Contributions to American Dental Association:

District #1	\$172.00	
2	209.00	
3	164.00	
4	134.00	
5	153.00	832.00

Sale of Exhibit Space—State Meeting	3,950.00
Miscellaneous Refunds	272.24
Total Receipts	27,389.24
Total Balance and Receipts	\$30,380.07

North Carolina Dental Society
Charlotte, North Carolina

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS
Fiscal Year Ended May 31, 1952

EXHIBIT B

Disbursements:

American Dental Association

Share of Membership Dues:

Active \$13,075.00

Life 3,080.00

Relief Contribution 831.00 \$16,876.00

Refunds to Members 80.00

Contribution to Relief Fund 500.00

Subscription to A. D. A. Journal 7.00

Expenses:

Salary—Editor and Publisher 500.00

Salary—Secretary & Treasurer 250.00

Salary—District Secretaries 125.00

Printing Proceedings, 1951 Meeting 2,616.97

Reporting Service, 1951 Meeting 435.47

Publicity, 1951 Meeting 178.27

Committee Expense 50.00

Auditing 80.00

Postage 56.95

Stationery, Printing & Office

Expense 596.59

Bond Premiums 85.85

Flowers 61.55

1952 Meeting Expense—Schedule 2 3,537.02 8,573.67

Total Disbursements **\$26,146.67**

Bank Balance—Exhibit A 4,233.40

North Carolina Dental Society

Charlotte, North Carolina

BANK RECONCILIATION—GENERAL FUND

May 31, 1952

Schedule 1

Commercial National Bank, Charlotte, N. C.

Balance—EXHIBIT A \$4,233.40

Add: Outstanding Checks:

#267 Dr. S. B. Towler	\$ 30.00	
285 Dr. C. D. Wheeler	25.00	
299 Dr. E. A. Branch	20.00	
300 Mrs. G. E. Longwell	35.00	
310 Hemmer's Photo Shop	104.79	
311 A.D.A. Report # 86	40.00	
312 R. W. Madry	188.40	
313 Garibaldi & Bruns, Inc.	2.68	
314 Dr. J. M. Fleming	6.00	451.87

Balance per Bank Statement\$4,685.27

North Carolina Dental Society
Charlotte, North Carolina

1952 MEETING EXPENSE
Fiscal Year Ended May 31, 1952

	Schedule 2
Dr. L. M. Fitzgerald, Honorarium	\$ 250.00
Dr. Robert Kesel, Honorarium	225.00
V. L. Steffel, Honorarium	210.00
Hon. S. J. Ervin, Honorarium	50.00
Dr. W. W. Demeritt, Honorarium	50.00
Dr. J. E. John, Honorarium	25.00
Carolina Hotel, Accommodations	934.29
Mrs. Vallie Henderson, Registration	50.00
Mrs. G. E. Longwell, Registration	35.00
Dr. S. B. Towler, Committee Expense	300.07
Dr. W. Howard Branch, Committee Expense	29.32
Dr. Coyte L. Minges, Committee Expense	114.71
Shepard Decorating Co., Decorations	453.00
Woody Hayes, Music	140.00
Royal Typewriter Co., Use of Machine	2.58
Hemmer's Photo Shop, Photography	104.79
Raleigh Letter Writers, Diagrams	11.25
Economy Printing Co., Name Cards	17.00
Mrs. J. G. Burris, Printing Signs	43.00
Mitchell Printing Co., Exhibit Cards	15.00
Bynum Printing Co., Programs	65.80
Alfred Williams & Co., Place Cards	1.70
Bastian Bros., Badge Cases	35.63
Professional Pharmacy, Candy	32.46
R. W. Madry, Publicity	188.40
Neiman's Jewelers, Gift	75.34
Garibaldi & Bruns, Inc., Engraving	2.68
Meyerson Tooth Corp., Refund Exhibit Space	75.00

Total—EXHIBIT B\$3,537.02

PRESIDENT HUNT: Do you move adoption of that report, or do you read it as a matter of information?

SECRETARY WALKER: This is a mere matter of information.

PRESIDENT HUNT: I should like to get into the *PROCEEDINGS* my appreciation to Dr. Sam Towler, Chairman of the Exhibit Committee. Dr. Towler has done a very excellent job during the past year, and I should like to express my gratitude and also that of the other officers to him and to the members of his Committee.

Is there another report? (There was no response.)

If not, I will entertain a motion that we adjourn.

(Motion to adjourn was moved and seconded, and the meeting adjourned at 10:05 o'clock p. m.)

TUESDAY AFTERNOON SESSION

GENERAL SESSION

The meeting was called to order at 2:30 o'clock p.m., President Hunt presiding.

PRESIDENT HUNT: Gentlemen, the meeting will please come to order.

I should like to take this opportunity to extend to the students from the School of Dentistry at the University a most cordial welcome to our meeting, and, I should like to congratulate them upon the fine display that they had here this morning.

I am happy to announce that the registration has passed the one thousand mark for the first time in the history of the North Carolina Dental Society. [Applause.]

Getting on now to more important things, we have an essayist here today whom I have been trying to catch up with for several years.

During the three years that I served as Secretary-Treasurer, it was my duty to arrange the program. Immediately after the close of our annual session, two years ago, I wrote to this gentleman and invited him to appear on the next program some twelve months away. He wrote me back that he appreciated greatly the invitation but he had been invited to appear on a program in Canada.

Inasmuch as I wanted an outstanding program for this year, believing that this is the main reason why most of us attend meetings, I took the liberty of writing to this gentleman about 16 months ahead of time, four months before our meeting here last year. After he had cancelled three or four other engagements, he agreed to come to North Carolina.

So, we are very happy today to have as our essayist one of the country's outstanding men in partial denture work. He is a graduate of Ohio State University, College of Dentistry, a member of the Prosthetic Faculty since

graduation. He is now Professor of Prosthetics and Chairman of the Partial Denture Department. He is engaged in private practice. He is a Fellow in the American Academy of Denture Prosthetics, American College of Dentists, and Academy International of Dentistry. He has lectured and given clinics before practically every State organization in our country as well as several foreign countries.

It is a distinct pleasure that I have the opportunity of presenting to you at this time Dr. Victor L. Steffel, Ohio State University. Dr. Steffel. [Applause.]

DR. VICTOR L. STEFFEL

DR. STEFFEL: President Hunt, members of the North Carolina Dental Society and guests: First of all, I want to thank your President, Dr. Hunt, for the very excellent introduction that was given me. You can see from what he said that inflation has gone even to introductions.

I do appreciate the opportunity of being here. I want to say that we are always flattered and pleased when we get an invitation, even though we are not able to accept it. Because of the fine treatment that we have received since we came here, we are already very glad that we came. In return for that, I will try to give you slightly practical things, things of a practical nature that you can take back to your offices so that, I hope, when I have gone back you will say of me that you are glad I came and not glad I went away.

At this time, I think of the owner who told his handyman to cut off the dog's tail. After some meditation and time had passed, the handyman came back and said, "Do you really mean that I should cut off that little dog's tail? He has always been such a friendly little fellow. He wouldn't bite anybody for anything in the world." He says, "Do you really want me to do it?" He said, "Yes, I do. It is just this way—next week my mother-in-law is coming and I don't want even the faintest sign of welcome around the house."

I haven't found it that way. Everybody has been marvelous.

I am supposed to talk about avoiding pitfalls in partial denture service, and it may be said that the easier way to avoid pitfalls is to simply do everything right and you won't have any pitfalls, but it isn't that simple.

There are many variables—the attitude of the patient, the teeth of the patient, the materials used, and the way we do our work. All those variables do have some bearing on the end results, so it isn't just as easy as it sounds.

Removable partial dentures are said to constitute the most neglected and the most abused phase of dentistry. I guess that is true. We can see that from the type of dentures that come into our offices in the mouths of patients who came from other offices—ours are always all right.

There is a reason for this. There is a reason why partial dentures are

neglected, various reasons. One is, of course, that there are more complete dentures done, or more are made, with the result that the complete denture literature has largely crowded out the partial denture literature.

Also, it is very difficult to design and plan partial cases with the result that lots of times, dentists have found it more advantageous or feasible to just extract all of the remaining teeth and make complete dentures. That is not a good reason—sacrificing perfectly good structures, but nevertheless, it is often done.

Also, for complete dentures a definite line of procedure can be laid down which cannot be done for partial dentures. In complete denture work, the cases are all edentulous, all require complete dentures, and the essentials of mechanical balance, art form, are quite the same for all cases—not the same, but quite similar.

This is not true with partial dentures where 130,000 different cases are possible in the same mouth.

Also, so many dentists, as well as our patients who are receiving this service, have come to think of the removable partial denture as a temporary restoration. It is a bad prospectus to have in that a dentist who thinks of this partial as a temporary thing will not put forth his best efforts and patients are sometimes hard to sell because they think a partial is merely placed there for the purpose of going step by step, tooth by tooth, until the time when the patient will be edentulous.

Let's not think of this as temporary, but just as we think of any other type of work. We don't think of the gold inlay as temporary restoration which is going to result in the loss of the tooth. We go along with the fact that the gold inlay will probably prolong the life of the tooth. Let's also think of our partials as permanent restorations because if they are properly made and properly extended they can be vehicles of function over a long period of time.

We feel that with reference to partial dentures there definitely is a place for them in dentistry, and the reason we have some failures is not the wrong thing has been used, but it is because the right thing has been abused. There is a difference. We have abused the privilege—we have placed them where they shouldn't be. We have placed them in a mouth that couldn't receive them, and we have constructed them in such a way that the leverage slowly but surely eliminated the necessity for the forcep.

Let's think of them as permanent restorations. I am one who feels that removable partial dentures are the responsibility of the dental profession. We cannot delegate this work to any other group, and we cannot deny the necessity for this type of service as is evidenced by the condition of the mouths of those patients who come to us for this. Also, so often, no other type of service can do occlusal reconstruction nearly as well.

I think here of the old saying that "Service is the rent we pay for our room on earth." So, the service we give in partial denture work, I think,

is a worthwhile service and it is part of the rent at least which we should pay, and we should not dodge the issue just because it seems or is sometimes perplexing.

So, believing that it is a responsibility of the dental profession and has a place, we will run along here mentioning some of the salient features which make partial dentures successful and the elimination of which or omission of which results in their being failures.

I will go along rapidly—I am merely bringing back to your minds things you already know. I have everything lined up in the way of slides. I am supposed to be an expert, and an expert is said to be one who has his ignorance well organized. Mine is really organized—I have it all lined up because I will talk on those slides.

I will not be telling you anything new. Really, fundamentally, there isn't anything new. The only new things we have are a few materials, so I will be telling you things you already know.

[Dr. Steffel then presented a program of slides with accompanying comments.]

[Applause.]

PRESIDENT HUNT: After hearing this fine presentation, I think all of you will agree that I did not over-do my introduction. Dr. Steffel, I should like to extend to you on behalf of our Society, our most sincere thanks for a very fine presentation. [Applause.]

SECRETARY WALKER: It gives me a great deal of pleasure to present our next speaker. She is a graduate of the Eastman School of Dental Hygiene, attended Buffalo State Teachers College and the University of Pittsburgh. She has served as dental hygienist at the Brentwood Public Schools, and for the past nine years has been supervisor of Dental Hygiene in the Pittsburgh Public Schools. She originated "Happy" the good health puppy to teach boys and girls the value of regular dental care. They appear regularly on Station WDTV Pittsburgh, and in addition have made more than a thousand talks and appearances before civic clubs and service organizations throughout the United States.

I take great pleasure in introducing to you Miss Ida Mae Stilley.

MISS IDA MAE STILLEY

MISS STILLEY: Thank you, Dr. Walker. It is a real pleasure to be here today. I feel right at home because my father was a member of your great profession, practiced dentistry in Pennsylvania for almost 50 years, so I really feel right at home any time there are dentists around.

I would like to talk a little bit this afternoon about Happy, the Good Health Dog who has taught approximately one hundred thousand boys and girls that it is fun to be healthy.

Nine years ago, the Board of Education of the Pittsburgh Public

Schools employed four dental hygienists to teach dental health in 97 elementary schools. Little did the School Board realize that sometime they were going to be asked to adopt four little dogs who would enter into the teaching program for the children of Pittsburgh.

Happy is with me this afternoon and is anxiously waiting to meet all you nice people, but before he makes his appearance, I would like to tell you a little about the dental health program we are conducting in the Pittsburgh schools.

When we stop to consider that over 90 per cent of all disease enters the body through the nose and mouth, we can understand why the importance of a mouth free from decay cannot be over-emphasized.

The examination program of the dental health teacher in Pittsburgh is concentrated in the morning and afternoon kindergarten. This is done with a hope that the teeth of these four and five year old children may be repaired with the least amount of pain for the child and expense for the parents.

The dental health teacher examines the teeth of every child in kindergarten with a mouth stick.

Our Pittsburgh system is different than many others. We have the classroom teacher work with us during the examination so that she may record all the defects that we find in the mouth of each child. This record is kept at the school for our reference. It is not sent home to the parents or to the dentist. We record the number of cavities and the number of extractions, the number of teeth already lost, and so on.

After the teacher has looked into the mouths of a few children, she becomes interested and begins to ask us questions about what she notes in the mouth. This gives the dental teacher an opportunity to point out the different conditions that may exist in the mouths of these very young children, such as what is a cavity, how teeth move due to premature loss of deciduous teeth, how teeth may become crooked due to the late detection of deciduous teeth, the size and location of the six-year molar that we find in some of these kindergarten children's mouths.

What a joy it is for a teacher to look in and see how wonderful a well cared for mouth looks.

Second, the teacher begins to realize that we are really in earnest and we are actually doing something that will help the boys and girls of their classes. They realize that dental health is not just another frill in the educational plans of the school system.

Third, many teachers have told us at the end of the examination period that they felt they know and understand their pupils much better by having had this opportunity to observe them as individuals rather than as a unit or a group.

Of course, often teachers, after observing the condition of a mouth,

are better able to understand why a child is absent from school so much, why he appears dour and dull and listless and uninterested in the normal joys of youth.

To many teachers, I have said, "You possibly wouldn't even be in school if you had a mouth like that, let alone trying to learn how to read or write or spell or color or any of the other things we want our boys and girls to do."

Most teachers have a genuine interest in her own class and upon knowing such a condition exists will do all she can to encourage and interest the parents in securing dental service.

There are many other advantages, too numerous to mention. To sum it up, we feel it is much better for the teachers to spend a few hours out of a school year actually observing a dental health teacher at work than it is to quote all the information and statistics that we can find on the danger of abscesses or badly decayed teeth.

If we would go into a classroom and say we found 42 abscesses and 16 teeth that needed extraction, it doesn't mean a thing to a teacher because she has never seen it, but if the teacher sits there with us for two hours and actually observes that, at the end of the morning she has more of an idea of dentistry than she has ever known in her whole life. After all, visual education for a teacher is often as vital as it is for a student.

Another thing—many times this program makes the teachers much more conscious of the condition of her own teeth and many times we have seen them go to the dentist because they were ashamed to go on with mouths that they had.

We send home a corrective advice card that is a little bit different than any other that we have ever seen. Most cards in dental health programs have a two-part card. One part tells the parents the child needs to go to the dentist. The other part is signed by the dentist when the work is completed and returned to the school.

We have a three-part card, and the difference is this: The top part of our card has a picture of Happy, this little doggy I was telling you about, with a four line jingle by Happy. The middle part is a letter from Happy to the parents which says, "Dear Parents, your child needs to go to the dentist. Will you please take your child to the dentist. If Yes, what is the dentist's name, his address, and please state the date your child will start."

As you know, whether it is a child or an adult, the hardest part about going to a dentist is getting started, so that, if a child wants to bring that card back to school, his parents will call many times and make an appointment right then and there so the child can bring the card with complete information.

The last sentence is, "If No, please state reason." The parent isn't

going to sit down and write a letter and say, "No, they are only baby teeth and they will fall out anyway," or, "My dentist doesn't believe in fixing baby teeth," or "We don't have the money—we can't afford it." But they will put that on the card and return it to school. After all, you know it is purely psychological. There is no actual benefit to the child for us to have that card back except that the parent has made the necessary appointment. We know then when we contact the parents how to approach them. If they say, "They are only baby teeth," we tell them that maybe in our examination we found cavities in the permanent six-year molar that they didn't know existed. In other words, we have something we can talk to those parents about.

Another thing—many of them have made the appointment. On the back of the card is a message to the parent telling them why the boys and girls should go to the dentist and how important it is. It is a letter from Happy to the parents.

When the children bring that card back, they get this top hat with Happy with the four-line jingle as sort of a reward for returning this card. It is one way we build our program.

The bottom is signed by the dentist when all the dental work has been completed.

Originally one of the hardest jobs that any dental hygienist had when she first started a dental health program in the community was to get the men to do the work in deciduous teeth. We found in the beginning when we talked to the Dental Societies that they agreed and said they would back us 100 per cent, that the work must be completed before we gave the children their awards.

In the beginning when we first started examination, if we found fillings of deciduous teeth, we would run the child all over school, showing everybody, we were so proud. But, after nine years of our program, it is a real thrill to go in and see boys and girls with mouths actually 100 per cent taken care of, deciduous as well as permanent teeth.

We knew the ethical men would back us and would want these boys and girls to have good clean mouths with 100 per cent correction, and that is exactly what we are finding now.

The place to stress the dental health education of the public is through the children of the schools. What better person could be chosen to do this, to carry out this mission than the dental hygienist, a person who is especially trained to do this type of educational work?

In Pittsburgh, we do not clean teeth in the school because, as I said, there are five of us now, and we work with about 50,000 children. If we cleaned teeth, maybe we could do between ten and twelve children, clean the teeth of ten or twelve children in one day. It would be wonderful for those ten or twelve, but in the same length of time, we could be talking to maybe 200 or 300 or 500, and if we couldn't get ten or twelve out of the 500

children in the hands of a dentist for not only prophylaxis but also for corrective dentistry, then we are failing.

This way, with a hygienist going from school to school in an educational program we feel we should be able to do a better and bigger job for the dentists in the community by interesting the children in going to the dentist. When we stop to think that at the time of our original examination one out of every fifth child in the Pittsburgh schools did not even own a toothbrush, and many others have been in the habit of using the family toothbrush, we can understand why this important phase of health needs to be stressed.

I am not saying that disparagingly of Pittsburgh. I am sure it would happen in any district you would go in that never had a dental health program.

It happened to me in one of the schools where I asked a little boy if he had a toothbrush. He said, "No, Ma'm." I said, "Did you ever have one?" "Oh, yes, M'am." He was very proud he had one once. I said, "What happened?" He said, "My grandmother went to New Jersey and took it with her."

It was the first time a grandmother ever entered into the picture, so I thought I would ask him a little bit more. What had happened was the grandmother had come to visit for two weeks and brought her toothbrush. I said, "Did your grandmother let you use her toothbrush?" "She let all of us except the little kids." There were eight children and for two weeks, those children had a great time with the grandmother's toothbrush. Somebody else said that it probably was her husband's, and that was why she had to bring it back to New Jersey with her. I don't know what ever happened to that particular toothbrush.

The encouraging part is the fact that we have sold many thousands of toothbrushes. We buy them for about 8½ cents apiece and sell them for a dime. So you know we don't make very much money, but it is the idea of getting into the hands of these boys and girls the kind of toothbrush we feel they should have. The little bit of money we do make we use to give away some toothbrushes, but not directly to the children. We never give a toothbrush away to a child. If we find in a school that a teacher says a child cannot afford the toothbrush, we give it to the teacher and let that child do something for the teacher, maybe dust the erasers, wash the blackboard, do some errands, to make them think they have earned that toothbrush. If a child has earned it, he is going to take much more pride in using it than if you just give it to him. We believe in Pittsburgh in the award system. It has worked very successfully for us.

It is the old United States competitive spirit that interests our children. If a child goes to the dentist and has all the necessary dental work completed, he receives a beautiful felt badge. We find that awards are of value in comparison only to how they are presented. If we said, "Here is a felt badge," that is what it would mean to them. We tell them that it



North Carolina Dental Auxiliary Officers and Committees.

is a beautiful badge, it is gorgeous, and it is an honor to get one of these red badges. It says "Pittsburgh Public Schools, Your Good Health Pal," and Happy's picture is in the middle of it. Each year we change the color and picture of Happy in the middle. They wear them on their sleeves and hats, and on their good Sunday go-to-meeting clothes.

We know our program is working. Originally, when we first started our program, we bought 5,000 badges, not having any idea whether we would have 500 children with perfect teeth or 5,000. It took us two years to use the original 5,000 badges. In other words, approximately 2500 children each year either had perfect teeth or had all corrections completed. Each year since then the number has improved. They have given more every year. During the last school year, after eight years of our program, we awarded nearly 12,000 badges in one school year. Besides those, we had over 5,000 boys and girls who were actually in the hands of the dentist whose work was not completed but needed corrective work done during the school year. From 2500 children to 17,000 that were actually finished.

These badges cost about 8 cents apiece, but I have often said that no athlete ever wore a letter more proudly than the boys and girls do when they display the Happy badge.

We have clean teeth contests administered by the classroom teacher. First, it helps them in the development of regular tooth brushing habits and, second, they are character building.

We want the children to brush their teeth, but this does not mean that we are going to scold them. The only punishment they will have is that they will have to spend the day with a dirty mouth.

The encouragement and interest of the teachers are the biggest factors in the success or failure of our ends. A paper bookmark with Happy's picture and a four-line jingle is given to the winners of the contest. Approximately 10,000 awards are sent out each month to our 97 elementary schools. In other words, 10,000 boys and girls are taking a picture of Happy home and Happy's teeth into the schools in the Pittsburgh area.

These ideas can be applied and carried on in any district, if the health worker has patience, enthusiasm, and a keen desire to help improve the health of boys and girls.

As you men know, and the women know, too, dental hygienists, dental service in the schools, is different than any other kind of medical service. If a child needs glasses, he doesn't want to wear them, but it is a matter of maybe one or two trips to a doctor and he gets his glasses and it doesn't hurt. If he needs his tonsils out, he doesn't want to go to the hospital and have a tonsillectomy, but it is a matter of one trip to the hospital, the operation is over, and that is the end of it.

But, in dentistry and in our program, we go into the schools and we get the boys and girls interested. They are going to see their good pal the

dentist. They have never seen the dentist, but he is going to be their friend. The child goes and often is hurt, not because of any fault of the dentist, but because of advanced decay.

Then we come back in the school and say go back again and see this good friend of yours, the dentist. We know that children live for today. For years we have been saying—I know they told me at school, and I am sure they told you—"If you don't brush your teeth, if you don't drink your milk, if you don't eat your carrots, when you grow up you won't have any teeth." You know what we thought—"So what?" "When I grow up I will buy teeth like my grandmother or grandfather has."

You say to a child, "I will give you one ice cream cone today or three next week." They take the one today because you are with the nickel. They don't know where you are going to be next week with the 15 cents.

It sounds good, and it is a fine thing that children want to take care of their teeth, to help them live long and enjoy health, but in most cases it just doesn't work. It was for that reason that Happy, our good health dog, was born, so we would have someone who would help keep the children interested and encouraged in going to the dentist regularly, giving the teeth proper home care.

Happy now has 29 Teddy Bear cousins working in other dental health programs, some in Pennsylvania, one out in Rochester, Minnesota, and Michigan, and one in France.

One of the biggest joys that Happy ever will have will be to have a kissing and hugging cousin in the schools of North Carolina.

Happy is like most ladies. He never likes to tell his age. Happy was born June 10, 1942 and, before television he was known approximately to 100,000 children and about 50,000 adults. Happy has his own weekly television program now, and since then he has one-half million listening audience every Saturday morning.

He is a godchild of the Women's Auxiliary of the Dental Society who gives him the money to buy his clothes. You might think it doesn't cost much to buy clothes for a little dog, but you see, as I told you, in Pittsburgh there are five little Happys—Happy has brothers—and after Happy has seen all these children, thousands of children, each one of them, by the end of the round, those suits are pretty well worn, and so we start all over again and buy new suits.

He has his own checking account in a Pittsburgh bank. You should see me running around Pittsburgh going places buying material for clothes and giving checks with a dog's picture on it, it is really something.

Happy has met Roy Rogers, Ralph Kiner, our home run king in Pittsburgh, Art Linkletter, the real Superman of the year, and people of that type that interest boys and girls. He has flown about 50,000 miles,

where he has met the Captain, Co-Captain and Hostess of every plane and secured their autographs for his school friends.

The idea of most boys to be a pilot is really something wonderful. When we say Happy has autographs, we mean that Captain So-and-So of American Airlines said how important it is to have good strong teeth if you want to be a pilot. We read what a hostess has told girls, how important it is to eat fruit and vegetables if she wants to be a hostess.

With Roy Rogers, it is a younger age group. The athletes interest the older group.

So, we have tried through Happy to interest all age groups in the care of their teeth.

The Dairy Council and the Fruit and Vegetable Council of Pittsburgh and all the health agencies have been very cooperative in our program.

As I told you, Happy was originated to get boys and girls to go to the dentist and give their teeth regular home care and teach them the proper diet. However, he became so much of a school character and loved by the boys and girls, that he has entered into every phase of school life. As I told you, he has his own television program, has been on for the last 15 months. From March until October he has a daily 15-minute program but, since that time, it has been expanded to a one-hour Saturday morning schedule. "Happy's Party" is commercially sponsored, and up to the present time we have refused over 25 interested sponsors, such as candy, soft drinks, and chewing gum companies.

If you know anything about radio and television, it is almost unheard of to ever refuse a sponsor, and, as a result, part of the time Happy was sustained, but now we have very fine sponsors, Quaker Oats Company and the Florida Citrus Commission, both sponsors of things we believe are good for boys and girls. We decided that for many years Happy had always stressed the importance of foods that were good for children, and for television we would not sacrifice the integrity of the teachings of Happy.

One of our present sponsors, Florida Citrus Commission, is interested in expanding the program into a network program, we hope by Fall.

Happy is the Master of Ceremonies of the television program and we have tried to do the same subtle teaching by television that we do in the schools. We highlight dentistry at every opportunity. In fact, Happy's Party is opened every Saturday morning by saying—Happy tells me what to say—he doesn't have a voice, but he tells me what to say—when we open our program every Saturday morning by "Did you brush your teeth after breakfast this morning?" And the children, 100 or 150 children in the audience answer, and then Happy says, "Do you clean your teeth after every meal?" And they answer him, and then he says, "Good." Then, "Happy loves you, and how Happy loves boys and girls," and we go on

into a two-minute talk about something that we want to stress, like safety, manners and so on, for that particular day.

We are inviting as a whole, as part of our studio audience, classes who have reached the goal of 100 per cent for every child, 100 per cent correction or perfect teeth, deciduous and permanent teeth. Last Saturday we had a busload of children with 100 per cent teeth corrections come 60 miles to be at Happy's Party. In a district where the dental hygienist announced to the boys and girls that they would be at Happy's Party, 500 more badges were ordered, 500 more children went to the dentist so that their class could come and be at the show.

Happy is connected with every worthwhile drive in the community—Red Cross, Red Feather, March of Dimes, War Stamps and War Bonds.

As I told the women this morning, even during the war, he got people to sign for the blood bank. We knew our boys and girls couldn't give blood, but we gave them a blood donor card to take home to their parents. I said that the parents loved me for that forever, because the children said, "You have got to sign this because Happy wants you to give blood." We had thousands of pints of blood donated because those children have to come back and hand that card to Happy to say their parents would go.

We had one sixth grade boy who got 70 people to sign for a pint of blood so he could come back and bring his card to Happy.

On Happy's first television anniversary, March 1st, the Mayor of Pittsburgh proclaimed Happy Day. He had the Fire Chief and the Superintendent of Police award Happy the official suit and badges of their offices.

Happy has the full cooperation of the Dental Society because, as you men know so well, it is so much easier for a dentist to complete dental work for a child who wants to have it done and wants to receive his Happy badge than for a child who is forced into his office because of severe toothache or his mother has decided that this is the day when he is going to have it done.

The thrill of Happy's life came when he was sworn in as an official judge of the State of Pennsylvania. His commission made him a judge of good health, good teeth, good manners, and good citizenship, the four objectives he wants all of his pals to fulfill.

The dental health teacher is incidental. I have often said I could go in a classroom carrying an umbrella and the boys and girls would never know me because all they can see is Happy. In Pittsburgh, dental health teachers have lost their complete identity and are only known in the words of boys and girls as "Here comes Happy's mother."

I would like to show you Happy and some of his clothes and one of Happy's very best friends, Tommy Molar. The way I would like to have it done would be to take you to a school where children have never seen me

or seen Happy, never heard of our program, and let you see the reaction of boys and girls to the Happy idea.

[Miss Stilley then gave a presentation of how Happy is introduced to school children.]

[Applause.]

SECRETARY WALKER: Miss Stilley, on behalf of the North Carolina Dental Society, I wish to thank you. It has been wonderful, and I hope you and Happy will come back to see us.

MISS STILLEY: Nobody ever invites me—they just say, “Come and bring Happy.”

[The meeting adjourned at 5 o'clock p.m.]

ANNUAL BANQUET

Tuesday, May 13, 1952

The Annual Banquet was held at the Carolina Hotel, Pinehurst, North Carolina, May 13, 1952, Dr. John C. Brauer, Toastmaster, presiding.

DR. BRAUER: Good evening, ladies and gentlemen. Dr. J. S. Betts will give the invocation.

DR. J. S. BETTS: O God, our help in ages past, our hope for years to come, our shelter from the storm's blast, and our eternal home, we praise and magnify Thy holy name, that we belong to Thee, that Thou hast created us for Thy holy purposes, and that we as believers, are privileged to obtain Thy power for their achievement.

We thank Thee for our great democracy. We are grateful for the privilege of sharing its liberties and its joys and its glories with the peoples of the earth.

Bless us, in our organization and as individuals. Help us, all and each, to be faithful in every relation of life. Give guidance and help to those of our number who have been put forward as our officers for the management of our organization. Use us to give them help and assistance wherever and whenever needed.

As we ask Thy guidance and Thy sustaining power for ourselves, we humbly ask Thy protecting and preserving care to be roundabout our brave boys who are in other climes risking their health and lives under the direction of our Government. Bring them back to us, we pray.

“O God of love, O King of Kings
 Make wars throughout the world to cease,
 The wrath of sinful man restrain,
 Give peace, O God, give peace again.
 Then evermore shall rise to Thee
 Glad hymns of praise from land and sea.”

Shield and shelter, steady and sustain, protect and preserve our dear ones who are caring for our homes and loved ones during our absence.

Forgive our sins, give us clean hearts, renew right spirits within us, keep us that we may do Thy will, walk in Thy ways, possess our souls in safety, and keep our hearts in the love of God. We ask it all in Christ's name. Amen.

[The dinner then followed.]

DR. BRAUER: Ladies and gentlemen: Once again we meet on this festive occasion and again we have the very lovely ladies with us this evening. This meeting of the North Carolina Dental Society would not be complete without the lovely ladies, because they lend grace, charm, inspiration and dignity.

We have a list of distinguished personalities at this head table, and there are many in the audience. I wish we had time to introduce all of the prominent folks that we have in this vast audience here tonight. We shall only have time for a limited few.

First, I should like to present the Secretary of the North Carolina Dental Society and his attractive wife, Dr. and Mrs. Bernard Walker.

Then, the man who delivered the invocation at the beginning of our evening, Dr. J. S. Betts.

The man who has written the history of the North Carolina Dental Society, a man who has had all of the honors that any one Society could bestow upon a man, a man who has been a real champion of dentistry for many, many years, a man whom I admire, a man who certainly gives me much inspiration in the profession, Dr. J. Martin Fleming.

Next, a lady and her fine husband, from whom we will hear more after awhile, but at this time I would like to present Dr. and Mrs. Robert Horton.

Then, the gentleman who needs no introduction to North Carolina Dentistry, nor to American dentistry, nor to international dentistry, a man who has achieved so many areas of distinction, so many areas of prominence, our Past President of our American Dental Association, Dr. Clyde E. Minges.

Then we have a most attractive couple, whom I really learned to know this past summer. One day we travelled out to Durant Island which is a very secluded place and where there is a lot of very fine bass fishing. If I ever saw a couple that could throw the fishing plug exactly where it should be thrown, it is Eleanor and Fred Hunt—they are wonderful hosts, wonderful fishermen. I am sure that all of us have realized that we have had a very dynamic personality within our midst as our President of our North Carolina Dental Society. I present, Dr. and Mrs. Fred Hunt.

Then there is a lady who is my farm manager, my wife, my inspiration, and all that I have, Dora Lee.

In a little while, you will be more formally introduced to the man at my immediate right, and we shall pass by him at this time.



Above: Dr. H. Royster Chamblee, Entertainment Chairman, and Mrs. Chamblee with the Hon. Sam J. Ervin, speaker of the evening.

Below: Dr. J. Martin Fleming presenting gift honoring Dr. and Mrs. Robert Horton.



Dr. Clyde E. Minges presenting President's Emblem to Dr. R. Fred Hunt.

Dr. Chamblee has been Chairman of the Entertainment Committee and he has done a wonderful job this year, as we all know. May I present Dr. and Mrs. Royster Chamblee.

I heard an address this morning. I wish every dentist in North Carolina could have heard this speech. I wish every dentist in America could have heard this address—one of the finest, inspiring addresses I have ever heard at any dental meeting. It gave me inspiration, and I am sure it will live long with all those who heard it. She also, has a fine husband, who is the Program Chairman. The very fine program speaks for itself. It is an outstanding meeting, indeed. May I present Dr. and Mrs. Darden Eure.

Next I should like to present a man, who has been the Past President of the North Carolina Dental Society, a man who gave an excellent clinic this morning, and, also his very lovely wife, the immediate Past President of the Dental Auxiliary, Dr. and Mrs. McClung.

We have another very lovely couple, next to the McClungs. The gentleman is an individual who has also afforded me much inspiration. I know this coming year we will have again the real leadership that dentistry in North Carolina has been privileged to have for years. This man has worked not five hours a day, not ten, but fifteen and twenty on many, many occasions for dentistry. He will continue to lead us into the future this coming year. Eddie could not have accomplished all this without his attractive and understanding wife. I present to you, Dr. and Mrs. Eddie Current.

Then, may I present your President-Elect of the North Carolina Dental Society, Dr. Neal Sheffield.

At the far end of the table is a couple who have given much to dentistry and their community for the advancement of civic interests. I should like to present the Vice-President of the North Carolina Dental Society, and his lovely wife, Mrs. Guy Willis.

Then, at the table ahead of us, we have a young man who has entered the study of dentistry this past year at the University of North Carolina. He has demonstrated that he is in reality a chip off the old block, a young man that I know we will receive much from in the future. He is the son of our President, and his name is Dick Hunt.

From our neighboring city of Columbus, Ohio, from the University of Ohio, we have a man who certainly has achieved distinction in the field of prosthodontics, and then his lovely wife, Dr. and Mrs. Victor Steffel.

A young man that I have learned to admire very much, who is my close personal friend, and who is now with the Council on Dental Health of the American Dental Association, is Dr. Philip Phair of Chicago.

Another friend of mine, and of our family's, is an individual who has held all the offices of the Iowa State Dental Society, who has been very

active in the American Dental Association, and who is Secretary of the American Board of Oral Surgery. He is now the President of the Advisory Board for Dental Specialties. I present, Dr. and Mrs. Leslie Fitzgerald of Dubuque, Iowa.

Then we have in our audience tonight another celebrity, an individual who appears on television every Saturday morning out of Pittsburg, Pennsylvania. She has an audience of more than one-half million, who listen to her story of dentistry. This is one of the fine and real inspirations that we have at this meeting. May I present Miss Ida Mae Stilley. (Miss Stilley was not present.)

Next, I have another very close friend, with whom I have had the privilege of practicing for a number of years. We served in the Army together, and one day in Washington, D. C. we decided that after the war we were going to Los Angeles to practice. He is a man that I have admired greatly for his achievements in dentistry and for his fine personality. He, I am sure, will make a great contribution to dentistry in North Carolina. He will be the first to admit, that the distinction which he has achieved has been made possible by his lovely wife. May I present Dr. and Mrs. Demeritt.

A lady from Greensboro also has a very handsome husband. He is a man who has done a lot for dentistry throughout the state. His wife has assumed real leadership, such as we expect to see from so many of our Dental Auxiliary, namely our wives. I should like to present the President-Elect of the Dental Auxiliary, Mrs. Edgar Sikes and her fine husband.

We have another individual, who has worked untiringly as Chairman of the Exhibit Committee. Those of you, who have visited the exhibits, recognize the success that he has attained this year and past years. We must give a great deal of credit to an individual, who spends so many hours, and who has demonstrated such fine success in that area. I should like to present Dr. and Mrs. Sam Towler.

A real friend of dentistry, a man who not only covers these meetings, but who throughout the years has written thousands upon thousands of lines reflecting upon the health of the people everywhere, and particularly in this state. The Director of the University News Bureau, "Doctor" Bob Madry.

I should like also to present the President of the North Carolina Dental Hygienists' Association, Mrs. Nancy Horton.

Then we have with us this evening, Miss Alice Green, who is the Trustee of the Sixth District of the American Dental Hygienists' Association.

We are delighted and pleased to have all these fine distinguished guests, and these clinicians. I wish we had the time and the privilege to introduce many more of you throughout this audience, because you are worthy of such distinction and such a courtesy.

At this time, I should like to turn to the second phase of our program and I should like to call upon our President, Dr. R. Fred Hunt, who will present Mrs. McClung.

PRESIDENT HUNT: Mr. Toastmaster, distinguished guests, ladies and gentlemen: The North Carolina Dental Auxiliary has developed into an organization which can and will make very definite contributions to dentistry in North Carolina. This is evidenced by the two worthwhile projects which this organization has adopted. I refer to the student loan fund and to the collection of amalgam and gold scrap. I say gold because up until this moment they have not sought gold scrap.

If each dentist in North Carolina will contribute two or three old bridges along with his amalgam scrap, the auxiliary will come back to Pinehurst next May with a substantial financial balance in its bank account. I hope, gentlemen, that you will take this suggestion seriously.

An organization that has made the progress that the Auxiliary has made must have some person or persons who have worked and worked very diligently. Last year, the lady who served as its first President gave of her time and effort to the extent that the North Carolina Dental Auxiliary entered into its second year of life as a healthy, growing and strong organization. This fine lady is present tonight, and I shall ask her to please come forward and present to the retiring President a token from the Auxiliary.

It is my unique pleasure to present to you at this time Mrs. John McClung, immediate Past President of the North Carolina Dental Auxiliary.

MRS. McCLUNG: Mr. President, Mr. Toastmaster, Members of the North Carolina Dental Society, and distinguished guests:

First, I should like to thank the members of the North Carolina Dental Auxiliary for granting me the rare privilege of making this presentation on their behalf.

To you, Jacquelin, I should like to say that we would love to place a crown with all its implications on your fair head tonight, just as they are going to do to another lovely queen shortly, but feel that we should stick to the good old American way of honoring our Presidents.

You have long held us under the sway of your charming personality. Now, that we have had the added experience of serving under your leadership, we find that none of the charm has been lost but that we have gained a deep respect for you, a truly great leader, who has served most faithfully those whom she was called to lead.

It is with deep appreciation for your untiring efforts in bringing to a most successful close this, the second year of our Organization that we wish to present to you this token of our love. Like all tokens, it has little value in itself but will become most valuable if, in the years to come, it can serve as a constant reminder to you of the love and esteem in which you are held by your fellow members.

MRS. EURE: I tell you there comes a point in everybody's life. . . . I can only say I appreciate this more than anything.

Let me say this before I go. I have always loved the men around here. I claim to be the hugging and kissing cousin of every member of the North Carolina Dental Society, and now I find out why I love you. It is because "You have such nice wives."

Thank you. (Applause.)

DR. BRAUER: Thank you, Dr. Fred Hunt; thank you Mrs. McClung, and also to you, Mrs. Jacquelin Eure.

And now, I should like to call upon Dr. J. Martin Fleming, who will make his presentation with reference to Dr. S. Robert Horton.

DR. J. MARTIN FLEMING: In recognition and appreciation of 50 years—not quite 50 years—of practicing in North Carolina on the very highest plane of dentistry, the Society has asked me to present to you this little token in appreciation of what you have done for dentistry in North Carolina.

We feel that you have earned it, and we want you to know that you have the love and good will of every dentist in North Carolina. [Applause.]

DR. S. ROBERT HORTON: Dr. Fleming, members of the North Carolina Dental Society, visitors and guests: I am deeply appreciative of your kindness and the exceedingly kind things that J. Martin Fleming spoke about me. He is a neighbor as well as a friend.

It has been clear to me for some time, since I am getting to be an old man and a little decrepit, that I am indebted to my young friends as well as the old ones. They have been most considerate of me. They have shown courtesies and kindness to me when they have taken time out of their own affairs to do it, and, boys, we are greatly appreciative now, we old fellows, and you will get there some day and you will appreciate a lift from the youngsters, too.

There are numbers of people in this room that have been kind to me and from whom I have accepted their kindnesses. They have lifted not only the mental load but the spiritual load.

One of the greatest things on earth is friends. We can all make them if we try, and they are not hard to hold. They are not very exacting. All you have to do is be sincerely in love and you will make friends. You don't have to boast about his loving you or her loving you—they will love you anyway if you are sincere.

Perhaps the thing that I give most credit of anything I have ever done or tried to do or appeared to do has been due to the little lady. Stand up, Honey.

[Mrs. Horton then stood; applause.]

She has been a good wife and a companion and a friend. When the going got rough, which it did, she never complained. She just stuck her chin a little bit higher, put her hand in mine and stepped out and said, "Deal us what you want and we will take it."

She has been my courage as well as my sympathy, listening to my stories and my many complaints, no doubt, and I know of no greater boon that the Keeper of Souls could deliver to me than the privilege of taking her by the hand and marching that last mile toward the western sunset. Thank you. [Applause.]

DR. BRAUER: Thank you, Dr. Fleming and Dr. Horton. In honoring you tonight and in honoring Mrs. Horton we, in reality, are honoring dentistry. Both of you have exemplified that interest and leadership which we all admire in women and men who achieve the stature in our profession. I am sure that much of Dr. Horton's success was made possible through the direction and through the inspiration of Mrs. Horton.

Again, to J. Martin Fleming, a man who introduced Dr. Horton, a man who has our undying devotion, who has given us the leadership that we have all had over a period of years, our thanks.

Now, again we have the privilege of presenting Dr. Clyde Minges. Dr. Minges is to present the President's emblem.

DR. CLYDE MINGES: Mr. Toastmaster, members of the North Carolina Dental Society, guests, ladies and gentlemen:

Fred, this is indeed a happy occasion for me.

Twenty-seven years ago, when you and I became associated in the practice of our profession, little did either of us dream that such a happy occasion as this would ever present itself to us.

Of the nearly one hundred of your predecessors as President of the North Carolina Dental Society, none of them more richly deserved this honor than you.

During your administration, you have worked diligently and untiringly. Your accomplishments have been many and constructive.

It is, therefore, with a great deal of pleasure that I, on behalf of the North Carolina Dental Society, present you this Past President's emblem.

I make this presentation with the firm knowledge and strong conviction that you will wear it with credit, dignity, and honor, both to yourself and to the North Carolina Dental Society.

I am very happy to present this, and God bless you. [Applause.]

PRESIDENT HUNT: Mr. Toastmaster, Dr. Minges, and friends: These kind words that my good friend Clyde has just spoken represents not what I am, but what I should like to be.

As I accept this token here tonight, my mind wanders back over the past 96 years; through those years we have had men who have contributed much of their time and effort to the upbuilding of dentistry in North Carolina.

Ladies and gentlemen, that is the reason that we have one of the best State Dental organizations in the United States. [Applause.]

If I have been able to add any small contribution whatsoever, I shall feel most grateful and honored at having had the opportunity to do so.

This emblem shall always serve as an inspiration for me to contribute everything within my power toward the progress of the dental profession and to the advancement of the North Carolina Dental Society.

In behalf of Eleanor and myself, I should like to express my deep appreciation for this honor and recognition. (Applause.)

DR. BRAUER: Thank you, Dr. Fred Hunt, and to you, Dr. Clyde Minges. Fred Hunt, you have indeed been a real champion this year.

At this time, I should like to call upon your friend and mine, Dr. Royster Chamblee, who will introduce the next speaker. Dr. Chamblee.

DR. CHAMBLEE: Mr. Toastmaster, distinguished guests, and members of the North Carolina Dental Society, ladies and gentlemen: When the nightingale sings, all the other birds are silent lest their feeble voices disturb the echoes of his song.

The Honorable Sam J. Ervin, Jr., associate justice of the Supreme Court of North Carolina, who has added dignity, prestige, and honor to our courts. (Applause.)

THE HONORABLE SAM J. ERVIN, JR.

JUDGE ERVIN: Mr. Toastmaster, ladies and gentlemen: It is a great privilege to be here and to have the honor of speaking to this distinguished Society.

I attribute my invitation to be with you on this occasion to the fact that no member of the North Carolina Dental Society has ever heard of what one of my fellow Morgantonians, Miss Sue Tate, said about my habits as a speaker. Miss Sue Tate is a perennial chairman of the United Daughters of the Confederacy in Morganton—that is, of the Program Committee. Miss Sue never bothers to try to get a program until about 11:30 or quarter to 12 the night before the meeting is to be held.

One night, she was just a little bit later than usual and called me about 5 minutes to midnight and said she wanted me to come and attend the meeting the next night and make a speech on Jefferson Davis. I said, "Miss Sue, I just can't. You want me to make a speech on Tuesday and you call me at midnight on Monday—I just haven't got time to think what I would say about Jefferson Davis." She said, "Well, I am not going to

take no for an answer. In the first place, any good Southerner ought to be able to make a speech on Jefferson Davis at any time in any place without any preparation. Besides, you don't need any time to think what you are going to say. I have heard you talking, and I know you talk without thinking." [Laughter.]

So, I am delighted that no member of the Dental Society has ever heard what Miss Sue said about my speaking.

My friend Royster Chamblee said that I was a member of the Supreme Court. He didn't tell you exactly what my job is, however. I have got a rather queer job. All of you have heard at one time or another about the unwritten law. I am one of the fellows who is engaged in writing the unwritten law. There are seven of us in North Carolina that have the peculiar task of writing the unwritten law. The queer thing about the unwritten law is it is written by the Judges and it takes 234 volumes to hold the unwritten law and it only takes six volumes to hold the written law.

When I was asked to speak to you tonight, I selected a topic, shop talk among the lawyers. I know you all have heard enough shop talk about the dental profession and perhaps you will welcome some change in the topic and let me talk a little about shop on the legal side of the matter.

If I were to give any title to what I should say tonight, I would call it, "Comic Aspects of the Law in Action." Everywhere I go I hear some speeches about the Atomic Age, and I am told about the great emergencies and the crises that are around us, and so I am going to ask you tonight to permit me to tell you some of the funny things that I have observed and heard in the practice of law in the hope that you might forget all about the atom bomb for the time being.

The reason I talk on the comic aspects of the law rather than serious aspects is because on one occasion in times past, I attempted to try to do a little reforming of the law. I had a case one time up near the Tennessee line and it was governed by the law of Tennessee. Now, the law originated back in England, the common law that we follow, and at the time that originated they didn't have law books from other countries so that they developed the theory that the law of a foreign state is a question of fact for the jury—and any state outside of North Carolina, from a legal standpoint, is a foreign state. But the law of the foreign state is a question of fact for the jury, not a matter for the Judge.

So, there used to be a custom to get lawyers from other states to come and testify and let the jury find what the law was in the other state.

I had a case in Watauga County in which that method was followed—rather ridiculous. The lawyers from Tennessee had read the same books, but they had drawn different conclusions therefrom. One of them swore the law of Tennessee was one way, and another swore exactly the opposite. It struck me that that was a very foolish thing.

I happened to get elected to the Legislature the next year. So I drew

me a bill which provided that whenever the law of a foreign state was called into question in the courts of North Carolina that the Court would take judicial notice of it. That is technical language but it means, in plain English, that instead of having it a question of evidence for the jury, that it was the duty of North Carolina to read the law of the other state and then tell the jury what the law is.

Nobody paid any attention to my little law. I finally got to be a Superior Court Judge. I was proud of my law. I got up in Ashe County one time and they called a case and got a jury, and then they read the pleadings. When they read the pleadings, I saw the case originated in the State of Virginia, so I asked the lawyers in the case if they had the law of the State of Virginia there because I remember my law told me I had to know that law, whether I did or not, and I had to tell the jury what it was. They said, No. I said, "I don't see how we are going to try the case." I opened my book and read my little law. One of the lawyers got up, looking rather nonplussed, and said, "I never noticed that statute before. I don't know who passed that law, but," he said, "he sure was a fool."

So, when I was called a fool for trying to reform the law, I decided hereafter I would stick to the comic side of the law rather than the serious side.

The law is a wonderful science. I may state that it may be on one or two occasions tonight I may do just a little but of cussing, but if I do, it is in quotation marks, quoted from somebody else because some people that have connections with courts or get into court sometimes use a little bit of cussing.

The Dean of a law school used to say the law was a great science but that it made very peculiar requirements of different people. He said, for example, "It requires a man who never saw a law book in his life to know every bit of the law; it requires a lawyer to go to the law schools and practice law and study law all the time to know a reasonable amount of the law; it requires a Judge who is supposed to expound it—it doesn't require the Judge to know a damn thing."

I have to admit that is the truth about the requirements of knowledge of the law. If you never studied law and you are a layman, you have to know it all. I don't have to know any of it, which is a great advantage.

The first thing that we think about, when we stop to consider some of the parts of the law that we are to deal with tonight is a lawyer. People tell a lot of tales about lawyers. There is the one about a lawyer named Strange on his deathbed, and he told his wife, "I want you to put on my tombstone the date of my birth and the date of my death. I don't want anything else." "Don't you want your name on there?" He said, "No, that won't be necessary. Just put on the date of my birth, the date of my death, and say, 'Here lies an honest lawyer.'" The first thing that anyone says who sees that will be, "That's strange."

As a matter of fact, that is a wrong conception of lawyers. Lawyers are not only good men—they are very religious men. They are quite different from the Pharisees. When a lawyer prays a lawyer prays the prayer that comes out of the depths of his heart. He prays a sincere prayer. It is illustrated by the story about the young lawyer that went to church one night and the preacher called on him to pray. It illustrates this tendency of the lawyer to pray a prayer that comes out of his heart because he said, "O, Lord, stir up much strife among Thy people lest Thy servant perish."

Being religious men, lawyers not only pray devoutly, but they look for the best in their fellowman. It is a noble profession—it causes the lawyer to look for the best in his fellowman.

I think one of the best illustrations is a story they tell in Mitchell County about Judge Bowman. That is up in the mountains and in the old days they used to have a lot of killings up there. On this particular occasion, a man murdered his wife and it was under very atrocious circumstances. Judge Bowman had heard about it and he was very much exercised about all crimes. He was walking to and fro in front of his office, saying, "That cold blooded murderer—the people of Mitchell County ought not to be put to the expense of his trial. We ought to get 50 cents' worth of rope and hang him down in the Court House Square." A crowd gathered around the Judge, and the larger the audience grew, the more he cursed English's conduct. Finally, somebody patted the Judge on the shoulder and said, "Judge, Hall English is down here in the jail and wants you to come down and see him. He wants you to be his lawyer."

"Hall English? That cold blooded murderer? Besides, he hasn't got any money to pay a lawyer's fee with."

The man said, "I know he hasn't any money, but he has the finest team of mules in Mitchell County. He said he would give you that for a fee."

The Judge said, "Well, I will go down and see Hall. There might be some mitigating circumstances in this case I had not heard about."

So, the lawyers are always looking for the best in their fellowman, looking for mitigating circumstances.

I used to practice law, and I claim one distinction. I am the only lawyer in North Carolina that would ever tell you about losing a case. Lawyers tell you about the cases they win, but never about the cases they lose. I have been an exception to that rule.

I will tell you about the case I lost on one occasion.

There was a man named Sam Branch. I am calling real names. He called himself Sam Murphy, but this happens to be his true name.

He traded up in Mecklenburg County with a man named John Hines. John Hines was about my age chronologically, but he was about 10 years

old in his mental development, and I guess my client Sam Branch got the best of him in the cow trading.

Anyway, John Hines got a very fine lawyer to prosecute Sam Branch for false pretenses in the cow trading, and Sam got a good friend of Mrs. Chamblee's and myself, Mr. John Morgan and myself to defend him.

We got into the case, and we were getting along just fine. Sam Branch had been on the stand. He denied on direct examination that he had made any false statements about his cow, and Mr. Abrams had almost completed cross-examination without making him change in any way. Finally, he said, "Mr. Branch, I put you on your guard and I ask you if you didn't tell John Hines so-and-so about your cow, knowing there wasn't a word of truth in what you said?" Well, my client raised his hand up to high heaven to the court house ceiling and he said, "Mr. Abrams, if I told John Hines anything about that cow except the absolute truth, I hope the good Lord will strike me dead this minute."

Just as he said this, the witness chair went down on the floor and he was lying on his back in the middle of the witness chair. Mr. Abrams, wishing to take advantage of this, jerked his thumb and said, "It seems the Lord has spoken gently to you, Mr. Branch."

We looked at one another and I said, "I believe we have lost our case," and sure enough we did.

After you get a lawyer, you can't do anything much about this court business. You have to get a lawyer with a client. I could tell you a lot of things about experiences with clients. One time there was a young woman who came to me who wanted to get a divorce, on account of her husband's conduct. According to her description of him, he was the most no-account man who ever lived in the State of North Carolina or anywhere else.

I said, "Well now, how long was it after you were married before you found out how trifling your husband was?" She said, "Well, I have known it all his life. I knew it before I married him." I said, "Do you mean to tell me you married him knowing all this?" She said, "Yes." I said, "What in the world did you marry him for?" She said, "He just kept hanging around and hanging around, and I couldn't figure out another way to get rid of him."

You have a lot of very amusing incidents in consultations with your clients. I have a colored friend up in Morganton named Jock Fleming. Jock was driving with two white friends in a car out of Morganton, and the car ran off the road and turned over. The police went down there and they found the car on top of all three of them. The two white men were not only drunk, but both were knocked unconscious. Jock was drunk, but he was conscious, and not only conscious, but he was still sort of crafty. They asked Jock who was driving the car when it ran off the road so they could pick them up for driving drunk. Jock said, "White folks, I don't

know. The last thing I remember we was all three riding in the back seat."

I had an old client named Pink Mitchell who lived over the edge of South Mountains. South Mountains in the old days were an oasis in the middle of a desert, by which I mean that there was a lot of blockade killing going on over there. Pink came in and said to me, "Honey"—he called everybody Honey—"I am going to need you over to court." I said, "What is the trouble this time?" Pink had twin boys, one named Forrest Berry and one MacDowell, both named for sheriffs of Burke County. Pinky said he had found a bee tree down in the woods and got to thinking how the old woman would like to have some of that honey. He said, "I got my axe and cut that bee tree down. Somebody walked up behind me and tapped me and said, 'Pinky, you are under arrest.' I looked around and there was an officer. I said, 'What for?' He said, 'For operating that still.' I looked around and true enough, there was a still.

If you get a lawyer and a client together, sooner or later you are going to get into court. You have to get people into court by either a *capias* or a summons. There are some amusing stories told about *capiases*, some in Yancey County, another one of the Mountain Counties up in my neighborhood. They tell this one about a deputy sheriff. A man had a case before Judge Long years ago and when the court met, he decided he would trust to his two good legs rather than his lawyer and he wasn't there. They called him out, and then issued a *capias* and the deputy sheriff took it out that night to arrest him.

The deputy brought him back sometime after midnight, but the deputy was bloody from head to foot. He had been beaten up by this man. So, the next day, when they tried the case, instead of having one case, they had two, one for resisting an officer. In order to be guilty of resisting an officer, you have to know the man is an officer. This defendant said he didn't know the man was an officer. He said he was in his house in the dark, that it was midnight, and this man came breaking through his door and he thought he was a burglar and hit him in the head with a club.

He got off the stand and Judge Long said, "Let's see what the officer has to say about that." The deputy told the Judge that he knew he was an officer, said there was no doubt about it. He said, "He knew me as soon as I got in the door." The Judge said, "How do you know he knew you?" He said, "Why, Judge, I had no more than stuck my head in the door than he said, 'You damn scoundrel.' He knew me then."

If you have a civil case, you don't get a man into court by a *capias*. You have a summons served on him one way or another. Ordinarily, the sheriff serves the summons in person, but sometimes the person is out of the state and you can't get service on him, so then, under certain circumstances, you can serve a party by publication in the newspaper.

For example, you can do that in a land suit. If the land is in North Carolina, North Carolina has jurisdiction of that land and if you cannot

find the defendant in the case, then you can publish a notice in the newspaper provided you show, by the words of the statute that you satisfy the Court that after due diligence the defendant cannot be found in North Carolina.

This story was told me by Mr. Marshall Bell, a lawyer over in Murphy. He said on one occasion he was retained to look up the title of a piece of land in Cherokee County and he was told before he started that that land had formerly been deeded to a church as the site of a proposed church. The church was never built, and the land remained vacant. Finally, they wanted to sell it.

Mr. Bell said he started looking up the title to the land and instead of the deed being made to the church or a trustee of the church as deeds are, the man who made the deed made it out to God Almighty, his heirs and assigns, and Mr. Bell said he didn't know what to do about that. He said a few days after that he went down to argue a case before the Supreme Court and after the argument he met Judge Stacy on the street. He told Judge Stacy about his quandary. Judge Stacy was a great lawyer and had a great sense of humor. I am sorry all people in North Carolina don't know him as well as I do.

He told Mr. Bell, "Why, you have a very simple problem. All you have got to do is to bring suit to acquire title to that land and show by affidavit to the satisfaction of the Court that after due diligence, God Almighty is not to be found in Cherokee County, North Carolina, after serving by publication."

Whenever you get your case in court, you have got to have some witnesses, and there are a great many interesting things that happen in connection with witnesses. I remember the first case I ever had under my own steam was a colored will case of the late Clara Fleming. Lawyers have tricks of the trade. I don't know whether dentists do or not, but lawyers do. One of them is when you have a case, try to pick out a good strong witness, a sort of bellwether of the flock to put up first. Well, I had a lot of witnesses in this case, colored folks, and I had a witness there that I knew was a good bellwether, Betty Powell. She had cooked at my house when I was growing up and she had been there for years from the time I was born until after I was grown and started practicing law.

So, I picked out Betty for my bellwether and I called her to the witness stand very sedately, very deliberately, and very dignified, I thought. I got her up on the witness stand, and I said, "What is your name?" Betty looked at me with rather a disdainful look in her eye and said, "Look here, Mr. Sam, don't ask me no fool questions. You know my name as well as you do your own." Sometimes your witnesses sort of take you aback.

There are all kinds of witnesses, some of them very truthful. To go back to Burke County—most of these stories I am telling are true stories. On one occasion we had a man up in Morganton who couldn't read or write. His name was John Watts. John was a bricklayer back in the old

days and he took a notion that the Lord had called him to preach, so he went to these country churches and preached on Sundays. On one occasion there was a man named Joe Hicks. Joe took several drinks too many. He staggered by the church where John was preaching, saw John in the pulpit, and he walked up the aisle and dragged John through the door and threw him out.

They had Joe up before Judge Robinson of Goldsboro for disturbing religious worship, and Judge Robinson evidently didn't approve of John's preaching much more than Joe approved it, and was looking for to let Joe off just as light as possible. So he said, "Mr. Hicks, when you were guilty of this unseemly conduct, you must have been so intoxicated as not to know what you were doing." Joe Hicks said, "Judge, I had several drinks, but I wouldn't want your Honor to think that I was so drunk I could stand around and see the word of the Lord being murdered like that without doing something about it."

He is a truthful witness.

There are some witnesses I would classify as precise witnesses—not only truthful, but they are precise. I had one of the Burke County citizens before Judge Borden in the Federal Court years ago. This man's name was Joshua. The Judge said, "Joshua, are you the Joshua that made the sun stand still?" Joshua said, "No, sir. I am the Joshua that made the moon-shine."

I have another colored friend out in Morganton named George Irving. He used to be pretty reckless in his young days, shooting craps and getting into trouble, but in his old age he got to be a well behaved fellow. He lives in a section called Black Bottom, and the Negroes called him the Mayor of Black Bottom. They were trying a case in the county against a man for beating his wife. They saw George sitting in the court house and called George up as a character witness. He asked him if he knew the man. He said he had known him all his life. The lawyer said, "Do you know his general character?" George said, "Yes." He said, "What is it? He said, "It is good."

The county solicitor took him on cross-examination. He said, "George, don't you know that this man has been on the chain gang before for beating his wife?" George said, "Yes, sir." He said, "Don't you know he has been on the chain gang half a dozen times?" "Yes, sir," George said. "Don't you know he has been in court time and time again for shooting craps and selling liquor?" He said, "Yes, sir." The solicitor said, "George, you must have forgotten all these things about Lodgen when you swore to his character." George said, "No, sir. I remember every one of them things when I said his character was good." Then the solicitor asked him, "George, how in the world could you get up here knowing all those things about Lodgen and swear his character is good?" Well, I thought George was backed into a corner where he couldn't possibly escape. George looked rather disconsolate for a moment and then a smile broke out on his face

and he said, "Well, it is like this. Lodgen lives down in Black Bottom. For Black Bottom, his character is good, like I say, but of course, it ain't fittin' for nobody uptown here."

By the time you get the lawyer and the client together and get your summons served or your capias served, and your witnesses all together, sooner or later you are going to run into the Judge.

You know, they have a rule of law that if you are too young to understand the nature of an oath, you are not allowed to testify. Sometimes, in court, when a very young witness comes, they have to qualify the witness. One of the old tests made is that he must recognize that he will be punished if he tells a falsehood.

So, this little colored boy was qualified as a witness. He was about 9 years old. The lawyer asked him if he knew it was wrong to swear a lie. The little colored boy said, Yes. The lawyer said, "What will happen to you if you swear a lie?" He said, "The devil will get me." The Judge said, "Yes, and I will get you, too." And the little colored boy said, "That is just exactly what I said."

There is one thing about the Judges, especially these trial Judges. What always gave me a lot of satisfaction was the fact that they were always held in such esteem throughout the State. On one occasion, I was sent over to Hayesville in Clay County to hold court. I had never been there before in my life. When I got about five miles out of Hayesville, the road forked and there was no road sign there. I saw a man standing there so I stopped and asked him which was the road to Hayesville. He said the left-hand road. "You are going to Hayesville? How about riding with you?" I said, "All right, get in."

He got in and we started on up the road. "Well," he said, "they are going to hold court in Hayesville this week." I said, "So I understand." He said, "Well, I don't know who the Judge is going to be, but I hope he is not as big a fool as the Judge here last time." I asked him who the Judge was there before. I am not going to tell you. Then I said, "Well, I know the Judge that is going to hold court this week. He is a whole lot bigger fool than that Judge." The fellow looked at me right hard and said, "Mister, I hate to dispute a stranger's words, but he couldn't possibly be any bigger fool than that Judge that held court last term here."

You know, these Judges that hold Superior Court, hold it at a disadvantage. They have to shoot the birds on the fly. They have to rule just like that. Those like myself engaged in writing the unwritten law, we have fifty, sixty thousand volumes of the unwritten law up there and we take weeks at a time to study them. However, I might say that sometimes the more we study the more confused we get, and the Judges who shoot on the fly sometimes come to correct decisions easier.

One of the soundest decisions I think ever handed down in North Caro-

lina was that which Judge Cloud is reputed to have handed down in Salisbury along about 1807.

In those days, there was a lawyer named Leach, and he was a very bright lawyer. He could always get a man out of almost any kind of trouble. He had one client who had been arrested with a stolen watch in his pocket, and he was troubled about how to get him out of it. About Saturday, Leach got started on the trip to Salisbury. In those days, there was a hotel down near the station named Mt. Vernon and Salisbury was wide open. They even allowed the saloons to run on Sunday and they had a saloon down in the basement of the Mt. Vernon Hotel.

When General Leach got there, he found Judge Cloud had already gotten there. He got hold of the Judge and took him down to the basement to sort of whet up his appetite a little bit. He got the Judge at a table on the side and he went over and ordered drinks and he mixed the drinks on the Judge, which is something no one ought to do to any Judge. He got the Judge to the table, and the Judge passed out in a state of unconsciousness. About the middle of the meal, General Leach took him up to his room, and he filled his pockets full of knives, forks, and spoons, off the table.

Judge Cloud woke up about 2 o'clock in the morning and found himself fully clothed with his pockets full of knives, forks and spoons, and he didn't have the remotest idea how it all happened. He took them down to the dining room next morning, ate breakfast and went over and opened up court.

He got to General Leach's case and then Leach got up and said, "If your Honor please, this is the most peculiar case I have ever had in my long career at the Bar. They have my client charged with stealing a watch—they claim they found a watch in his pocket. He tells me he knows nothing about it."

The Judge said, "Get the jeweler." They got the jeweler and he testified that the defendant came in to his jewelry store and asked to see a watch. He said he put out several of his best watches for the defendant to inspect and about that time another customer came in and he turned his back to wait on the other customer. When he looked around, the defendant was gone and so was his best watch. He said he got a search warrant and gave it to the sheriff and in a few minutes the sheriff came back and gave him his watch.

Then they put the sheriff on the stand. The sheriff said he took the search warrant to the defendant's house, found the defendant in bed, but found the watch in the defendant's watch pocket.

Then General Leach called his client around to the stand and told him to tell his Honor and the jury what he knew about the charges against him for stealing a watch. He said, "I don't know anything." He said, "Well, tell us what you remember about that day." He said, "Well, sir, I had

worked very hard and late in the afternoon, feeling the need of a little stimulant, I went down to the Mt. Vernon Hotel and took a drink or so, and that is the last thing I remember until the sheriff came up to my house and found the watch in my pocket."

Judge Cloud looked over to the defendant and said, "Where did you say you took a drink or so?" He said, "Why, at the bar of the Mt. Vernon Hotel." Judge Cloud said, "Mr. Clerk, enter a verdict of not guilty. The liquor they serve there will make anybody steal."

After you get the lawyers and the case together, the client and the Judge, sooner or later you are going to get a jury verdict. It is a great thing that everybody has so much confidence in jury verdicts. I had a case one time for a dentist and tried it and he had to leave town. I tried it down in Newton. He had to leave town before the jury got in with the verdict and he told me to be sure to wire him what the results of the trial was. Well, the jury came in with a verdict in his favor and I was so exhilarated by my client winning the case I just wired him and said, "Justice has triumphed." In about an hour I got a wire back from him, "Your telegram advising me that justice has triumphed received. Appeal at once."

Of all cases tried in the Superior Court, some of them, sooner or later, get up to the court where the writers of the unwritten law preside. You would think that that was the place where the lawyers and the Judges had a sort of mutual admiration society.

Well, I can tell two stories that might indicate that that is not true. When I was sworn in I was given a seat over next to the window which is on the left-hand side. That is where they put the lowest down member of the Court, over next to the window so you can look out at the capitol square. The Judge who sat next to me said, "You have got the best seat here. You can look out over Capitol Square and watch the squirrels running up and down the trees and don't have to pay any attention to these nuts that argue the cases."

But the lawyers give the Judges about as good as they get, if not just a little worse. When old Chief Justice Smith of Raleigh was Chief Justice, a lawyer from up in Ashe County, Major Neal, was arguing a case. He started out in his argument with the elementary principles of law and Chief Justice Smith finally got sort of irked by his laying down the simple principles. He said, "Major, can't you assume that this Court knows some of the ABC's of law?" The Major said, "Your Honor, I assumed that the last time I was down here and I lost my case."

You know, the way some people look at Judges, the only difference between us and a Ku Kluxer is that they wear white gowns and we wear black.

There was a young lawyer arguing his first case a couple of years ago, and he was getting along fine. I think he had his speech memorized and

he was getting along just fine until Judge Stacy asked him one of those penetrating questions about his case which only Judge Stacy could ask. The young fellow got flustered. He started to stutter and he finally said, "I can't answer that question. To tell you the truth, this is the first time that I have ever been here and I am scared to death." I thought I would console him. I said, "For your consolation, I just want to tell you that we are not half as mean as we look to be."

It has been a great pleasure to be here. All of you must have read Kipling's "Barrack Room Ballads." You remember in the foreword there he told his people that he had eaten their bread and salt and drunk their water and wine; he said that he had written a tale of their lives in jesting guise.

I have told you some things in jesting guise.

I want to say this—I have been connected with the practice of law for a long time. I presided as a Superior Court Judge for several years and have been on the Supreme Court. I have seen the law in action, and I want to say this—that I don't know any finer bunch of North Carolinians, take the lawyers by and large, unless it is the dentists.

The average jury—we sometimes make slighting remarks about the verdicts of a jury, but the average juror comes into court with the determination to try to do the right as he sees it. I think this system of trial by jury is a fine thing.

When I practiced law and lost cases, I sometimes thought jury verdicts were wrong, but I went around for seven years and held court in about fifty of the counties of the State and tried cases, and I never heard about them until they came up before me, knew nothing about them except what came out in the court house. I tried those cases and, with the exception of some of the cases that were so close that you could decide them either way, the jury decided virtually all of those cases just about like I would have done if I had been sitting as a Judge passing on the facts. That may prove they were wrong all the time, but I have been dealing with law a long time and I was impartial.

I don't know any more conscientious men, taken by and large, than the men who try to administer justice.

It has been a great pleasure to be here, and I hope that you have been able to forget, at least for the time being, something about this terrible Atomic Age we live in. I have enjoyed it very much. [Applause.]

DR. BRAUER: Thank you, Judge Ervin. I sure do like this unwritten law.

I am sure that all of us have received a real tonic this evening from the Judge's various descriptions of his cases, and I am sure that when we have a case we would just as soon have him try it—as a matter of fact, we would like to have him try it.

Judge, on behalf of the North Carolina Dental Society and all of these fine people here this evening, we wish to thank you for your time and the fine evening that you have afforded us.

As you look at your program, you will find that we can listen and dance to the music of Woody Hayes and his orchestra.

Thank you for coming, and good night.

MORNING SESSION

Wednesday, May 14, 1952

HOUSE OF DELEGATES

The third meeting of the House of Delegates was called to order at 11 o'clock a.m., Dr. Hunt, presiding.

PRESIDENT HUNT: Will the last session of the House of Delegates please come to order.

I shall ask the Secretary to call the roll.

PRESIDENT HUNT: The Secretary declares a quorum present in this House of Delegates.

As the first order of business, I should like to complete any Committee reports.

DR. TOWLER: Mr. Chairman, I have the report of the Exhibit Committee.

REPORT OF EXHIBIT COMMITTEE MAY, 1952

Total Income from exhibitors (52) \$3,950.00

Expenses:

Rent to hotel for space \$400.00

Shepherd Decorating Co. for booth work @ \$9.00
per booth 441.00

Stamps 5.00

Raleigh letter writers 11.50
(Society paid this direct)

Mimeographing (Mrs. Henderson) 3.00

Stencils40

Mitchell Printing Co. (Exhibit cards) 15.00

Cost of prizes 261.67

Total expenses 1,137.57

NET PROFIT \$2,812.43

I move adoption of this report. Report adopted.

PRESIDENT HUNT: Thank you, Dr. Towler, for a very, very excellent job. We deeply appreciate your fine work.

The next report?

DR. PAUL FITZGERALD, SR.: I have a supplementary report of the Executive Committee, Mr. President.

We wish to submit for honorary membership in the North Carolina Dental Society the following list of names of men who have made distinguished contributions to our organization:

Dr. Leslie M. Fitzgerald

Dr. W. Philip Phair

Dr. Robert G. Kesel

Dr. Victor L. Steffel

Dr. E. G. McGavran

This is for the approval of the Society.

I move adoption of this report.

[The motion was seconded, put to a vote and carried.]

DR. FITZGERALD: Mr. President, in addition to this, last year we elected no members to honorary membership. It was something that happened to be overlooked in the rush of the meeting, as sometimes things are.

I consulted with our Past President, Dr. Bumgardner this morning, and he has asked for time to look over his record and submit to the Executive Committee a list of names for their approval for honorary membership.

If this meets with the approval of the House of Delegates, we will have it published.

PRESIDENT HUNT: As I understand the Constitution and By-Laws, Dr. Fitzgerald, the Executive Committee has the power to recommend any who they should like to have this honor. If I am wrong, I shall be glad to be corrected. However, I believe that it will be only necessary for Dr. Bumgardner to give you the list he desires to become honorary members and your Committee will have the power to make this recommendation to the House of Delegates.

Do you have power to make it after this meeting, before next year, or do you want it to come at the next meeting?

DR. FITZGERALD: Before the next meeting to go into the *PROCEEDINGS*.

PRESIDENT HUNT: Do you make a motion that the Executive Committee be given that power?

DR. FITZGERALD: I make such motion.

PRESIDENT HUNT: Is there a second to this motion?
(The motion was seconded, put to a vote and carried.)

DR. ROYSTER CHAMBLEE: Mr. President, I have three reports today, the report of the Receipts and Disbursements of the Dental History of the North Carolina Dental Society, the Entertainment Committee, and the report on the President's Address.

REPORT OF RECEIPTS AND DISBURSEMENTS OF DENTAL HISTORIES OF THE NORTH CAROLINA DENTAL SOCIETY

May 12, 1952

May 25, 1951 Bank Balance	\$154.70
Books sold during year (9)	25.50
Commission for sales, Messrs. Longwell and Henderson	1.95
April 7, 1952 Bank Balance	\$178.25
May 12, 1952 Check to the North Carolina Dental Society Treasurer	\$170.00
May 13, 1952 Bank Balance	\$ 8.25
Complimentary copies & prizes	14
History books on hand	127

H. ROYSTER CHAMBLEE, *Custodian*

Report adopted.

DR. CHAMBLEE: I have the report of the Entertainment Committee. This report is not complete as all of the statements have not come in. However, I might say that we have put on a very economical entertainment program this year and I hope you enjoyed it.

I would like to thank Drs. Pharr, Medlin, Towler, Branch, Franklin Bumgardner, our President, our Secretary, and those others who helped so beautifully with this program.

REPORT OF THE ENTERTAINMENT COMMITTEE

Orchestra	\$140.00
Tips	7.00
Programs	65.80
Sterling Silver Bowl: Dr. Robert Horton	75.34
Place Cards	1.70
	<hr/>
	\$289.84

H. ROYSTER CHAMBLEE, *Chairman*

DR. CHAMBLEE: I move adoption of this report. Report adopted.

REPORT ON PRESIDENT'S ADDRESS

Your committee feels that the N. C. Dental Society is fortunate in having had Fred Hunt as our President during this year. He has con-

ducted the affairs of our Society with credit to himself and honor to us. He has shown a comprehensive understanding of the detailed activities and has demonstrated that he was prepared to meet every need and emergency as they arose.

Due largely to Fred's leadership, our Society has enjoyed an excellent year, serving dentistry and the public in an efficient and progressive manner.

The climax of Fred's dental career, we feel, was his wholehearted endorsement and tireless efforts in the sponsoring of a state-wide move to fluoridate the communal water systems in the sizable cities of our State. This move has been a boon to our public relations and has demonstrated to our people that dentistry is a mature and great healing profession, and desires to serve willingly, sympathetically and unselfishly.

Your committee wholeheartedly endorses Fred's recommendation that the present Committee on Fluoridation be continued, with the knowledge that this is another milestone in the life of our profession.

Z. L. EDWARDS, *Chairman*

DR. CHAMBLEE: May I say, Mr. President, I do feel that we are speaking wholeheartedly for the North Carolina Dental Society as a whole.

I move adoption of this report.

(The motion was seconded, put to a vote, and carried.)

PRESIDENT HUNT: I should like to publicly express my deep appreciation to Dr. Chamblee and the members of the Entertainment Committee for the very fine entertainment which we have enjoyed so much at this meeting.

Are there any other committee reports?

DR. EDWARDS: Fellows, at the last meeting of the House of Delegates, I presented to you a resolution proposing amendments to our Constitution and By-Laws. What it means is this: It merely means changing the Advisory Committee for Veterans Administration programs from a special committee to a standing committee. As it is now, if it remains as it is, each President would appoint a new committee each year.

It was the consensus of opinion of those who proposed these changes that this committee was of such importance that you should not have an entirely new personnel of the committee each year. By making it a standing committee, there would be five members with one member going off each year. Therefore, you would always have experienced men in dealing with these problems.

If you see fit to vote favorably on this, the second reading, it will become the law. If you do not see fit to vote favorably on it, it will remain as it is because your President always has the authority to appoint necessary committees, but the advantage is in having it a standing committee, as I have just stated to you.

PRESIDENT HUNT: Thank you, Dr. Edwards.

For the benefit of any members who are substituting or who might have missed the second meeting of the House of Delegates, this resolution was presented at that time, and was referred by the Chair to the Committee on Constitution and By-Laws. They have now reported it back favorably for your action.

You will recall that the Constitution and By-Laws requires a 90 per cent consent to change the Constitution and By-Laws at any annual session. If this House does not vote a 90 per cent consent, we can do one of two things. As Dr. Edwards has said, it may remain as a special committee or it may be laid on the table and carried over for one year, to be brought up at our next Annual Meeting, at which time a two-thirds majority vote will be required for adoption.

I will call for the motion first. Did you make the motion, Dr. Edwards?

DR. EDWARDS: I make the motion it be adopted.

PRESIDENT HUNT: Dr. Edwards has made the motion that this change in the Constitution and By-Laws be adopted. Is there a second to this motion?

DR. CHAMBLEE: I second the motion.

PRESIDENT HUNT: It has been moved and seconded that the resolution be adopted. Before calling for the vote, since this involves a constitutional change, I shall be glad to recognize any person who would like to discuss the resolution. (There was no response.)

(The motion was put to a vote and carried.)

PRESIDENT HUNT: I believe Dr. Fitzgerald has a report.

DR. FITZGERALD: Yes, sir—not a report, Mr. President, especially.

I do wish to refer to Dr. Chamblee's report on the History of the North Carolina Dental Society. Probably the reason I am standing right here is because of so much Scotch in my ancestry, but I am wondering if we could get the figures in the *PROCEEDINGS* to show exactly how we stand on this entire transaction, financially, of the History of the North Carolina Dental Society.

PRESIDENT HUNT: I think that Dr. Chamblee has some figures. He possibly could give them to you at this time.

Could you prepare those figures and present it to the Executive Committee?

DR. CHAMBLEE: Yes. I will be glad to do it.

DR. FITZGERALD: I mean the cost of publishing, what the Society has derived out of the sale of the books.

PRESIDENT HUNT: In other words, the profit we have made from the books.

DR. FITZGERALD: I think not the profit—the deficit, maybe.

PRESIDENT HUNT: Dr. Chamblee, will you please perform that function for Dr. Fitzgerald?

DR. CHAMBLEE: Yes.

PRESIDENT HUNT: Are there other committee reports?

SECRETARY WALKER: Dr. Breeland, Chairman of the Clinic Board of Censors, asked me to make his report.

REPORT OF THE CLINIC BOARD OF CENSORS

The Committee takes great pleasure in reporting that all clinics were found to be of the highest quality, and a credit indeed to any state dental society.

Realizing that it would be impractical for all the clinics to be presented at the American Dental Association meeting, we respectfully recommend the following to represent the North Carolina Dental Society at the next A.D.A. meeting.

1. "A Hydro-Colloid Technic for Inlays"—

Dr. C. Z. Candler, Asheville, N. C.

2. "Orthodontics with Surgical Treatment for Class III Malocclusion" (a color film) Dr. A. A. Phillips, Raleigh, N. C.

3. "Sterilization of Root Canals Using the Homogenized Antibiotics" Dr. John R. Pharr, Charlotte, N. C.

4. "Definite Procedure in Correctly Raising the Bite of the Natural Teeth" Dr. John A. McClung, Winston-Salem, N. C.

5. "Method of Mixing and Insertion of Plastic Filling Materials" Dr. R. R. Shoaf, Lexington, N. C.

We most favorably commend the demonstrations of the Oral Hygienists, and the fine table clinics conducted by the dental students from the University of N. C. School of Dentistry.

W. H. BREELAND, *Chairman*

I make a motion that this be adopted. Report adopted.

SECRETARY WALKER: I would like to read in this report by title, the Golf Committee.

I move that it be adopted by title.

PRESIDENT HUNT: It has been moved that the report of the Golf Committee be read into the *PROCEEDINGS* by title.

[The motion was seconded, put to a vote and carried.]

REPORT OF GOLF COMMITTEE

The Golf Tournament was played Sunday afternoon, May 11, over the Pinehurst Country Club Courses, with 74 contestants competing for prizes.

The Golf dinner was held Sunday, May 11, in the Crystal Room of the Carolina Hotel. At this time 30 prizes were awarded and a movie of "Famous Golf Courses" was shown.

We, the committee, are indebted to Mr. Ken Schraeder for assisting with the tournament, to Mr. Lewel Hallman for showing the picture and to Dr. E. M. Medlin for assisting in general arrangements. Also, to the dental supply houses and the dental laboratories for their generosity.

The following firms donated prizes:

Carolina Dental Supply Co.	2 sets, Golf Head Covers
Harris Dental Co.	3 golf balls
Keener Dental Co.	Trophy
Powers and Anderson Dental Co.	Handbag
Thompson Dental Co.	Trophy
Walker-Sizer Dental Co.	Carving Set
Buran Dental Laboratory	Electric Razor
Central Dental Laboratory	3 golf balls
Charlotte Dental Laboratory	Portable Aluminum Refrigerator
City Dental Laboratory	1 set, Golf Head Covers
Durham Dental Laboratory	1 Nesbit Crown
Eure Dental Laboratory	12 golf balls
Fleming Dental Laboratory	6 golf balls
Greensboro Dental Laboratory	Merchandise (Novacain)
Raleigh Dental Laboratory	12 golf balls
Sullivan Dental Laboratory	3 golf balls
Woodward Prosthetic Co.	12 golf balls

DANIEL T. CARR, *Chairman*

PRESIDENT HUNT: Are there any other committee reports?

Is there any further business to come before this last session of the House of Delegates?

DR. EDWARDS: Fellows, I am appearing before you on behalf and in accordance with instructions from the Legislative Committee.

Your Legislative Committee has had many requests to prepare legislation to amend our North Carolina Dental law. I realize at this time that we do not have time to study, nor does your Legislative Committee have the time to prepare this legislation for your consideration.

We are informed by those who are in a position to know that we are in the midst of an emergency, especially with reference to treatment of indigent, or in those cases in the State institutions.

It is the opinion of the Board of Examiners that some changes in our dental law should be made.

Therefore, in response to instructions from the Legislative Committee, I am before you to request permission to study this legislation and, in conjunction with the Board of Examiners, the Executive Committee, and representatives of the Advisory Committee to the State Board of Controls Hospitals and the Attorney General's office, in order to prepare this proposed change in our dental law, to take it before the District meetings of this Society. If the majority of the Districts approve, the proposed changes which the Legislative Committee will be prepared to offer in cooperation with the Board of Examiners, the Executive Committee and the officers of the Society, we will be prepared to present this to the next General Assembly for these changes.

Remember that we propose it to the District Society meetings. In that case, each member and all members of the House of Delegates and prospective members of the House of Delegates will have an opportunity to know exactly what is proposed, and they will have an opportunity to oppose or approve what is being proposed to the General Assembly.

That is my purpose in appearing before you today because these men seem to feel and give good reasons for taking care of the emergency.

DR. CLYDE MINGES: All of us who know Dr. Edwards know he proceeds in an orderly, mature manner. I feel he has given considerable thought to this and will continue to do so.

We must admit that sometimes we are in emergencies when few of us realize it, and I happen to be one who believes that there is an emergency existing today.

As you know, our Legislature will meet before this group will have the opportunity of meeting again, and I would like to move that Dr. Edwards be authorized to proceed as requested by him just now.

PRESIDENT HUNT: You have heard the motion. Is there a second?

[The motion was seconded.]

It has been moved and seconded that Dr. Edwards' suggestion be accepted and that this matter be taken to the various Districts at which time I might say there will be a much larger representation than had it been handled here in our own House of Delegates.

Is there any discussion of this matter before calling the vote?

[Following discussion by Dr. Fox, it was moved by Dr. Edwards, seconded by Dr. Pharr, and carried, that the discussion be off the record. Further discussion then followed.]

PRESIDENT HUNT: If there is no further discussion, as many as favor this motion will please say Aye; opposed, No. The motion is carried.

Are there any further reports? (There was no response.)

I should like to acknowledge a telegram from Dr. Norton, our State Health Officer.

Dr. Norton, as you know, is the State Health Officer for North Carolina and we are very happy indeed to have his telegram of congratulations. He also wishes Dr. Current a most successful administration, and mentions what fine service Dr. Current has rendered and is rendering as a member of the State Board of Health.

This telegram shows the cooperation which we receive from the State Board of Health in our state. I think that we are very fortunate in having a man like Dr. Norton serving as Secretary. I have bird hunted and duck hunted with him and he is a capable and fine person.

I am very happy to announce the last official registration. The final registration is as follows:

First District, 81; Second, 141; Third, 130; Fourth, 102; Fifth, 80—542 dentists.

Junior members, 77; Hygienists, 13; Dental Assistants, 24; Auxiliary, 165; guests, 128; exhibitors, 77, with a total registration here of 1026, which is the largest attendance ever recorded by the North Carolina Dental Society. (Applause.)

Is there any further business to come before this House of Delegates?

If not, I will entertain a motion that we adjourn.

(Motion to adjourn was moved, seconded.)

PRESIDENT HUNT: I should like to express my sincere appreciation to every member of the House of Delegates for the help and assistance they have rendered in making this one of our finest meetings. It is no credit to me please. Don't misunderstand me—it has been made possible as a result of all the hard work that has been carried on throughout the year by you and the other members of our society.

(The Meeting adjourned at 11:55 A.M.)

GENERAL SESSION

The General Session was called to order at 11:55 a.m. o'clock, President Hunt presiding.

PRESIDENT HUNT: I now declare the last General Session for the year 1952 in session.

I am ready to open this session with the first order of business on the agenda, which is the installation of the President-Elect of the North Carolina Dental Society for the ensuing year.

I shall ask Dr. Claude Parks and Dr. Moser if they will escort Dr. Current to the rostrum.

[Dr. Current was escorted to the rostrum.]

Eddie, it is with a great deal of pride and satisfaction that I turn the honors and responsibilities of this organization over to you—pride in the fact that I realize we have had a fine year due to the efforts of those mentioned a few moments ago, and satisfaction in knowing that you will carry on in a way which we have been accustomed for many years.

It has been my privilege to know this gentleman for many years, from school days on up to this very moment. He has contributed in many, many ways to the advancement of dentistry and the dental profession and the North Carolina Dental Society.

It gives me a great deal of pleasure to present to you this token which I am certain you will use with all the power, the authority, and the ability of which you are capable, and please know that all of us shall be with you one hundred per cent, and we know that when we come back here next May we will have the finest dental meeting that the North Carolina Dental Society has ever had.

Congratulations to you, Eddie.

[Applause.]

PRESIDENT A. C. CURRENT: The North Carolina Dental Society is bigger, is greater, is stronger, is more profoundly a health service entity in our great Commonwealth because you, Fred, as its retiring President, have served us in such a scholarly, dignified, able and yet gentle, humble manner. We shall all profit long by the example that you have set, and I speak not for myself as your incoming President, but for every member of this Society when I say that you have done a superlative job, one for us all to strive to reach.

As I accept this gavel of authority, to you, one and all, I accept it in humility and in gratitude, realizing my shortcomings, and with a zealous desire to give unto you the best that I have, and with that, I am ready to go to work.

[Applause.]

I hope that you will suffer me this one moment of departure from the routine. I have to tell you of the joy that is in my heart when I came to know a few minutes ago that my two daughters sacrificed their school work, as much as they love it, and drove from Gastonia this morning to see these installation ceremonies.

As I call their names, each one will rise and she will remain standing for just a moment. Miss Myra Cochran who, by legal authority is our daughter; Miss Mollie Current.

Now, ladies and gentlemen, isn't that a tonic for sore eyes? [Applause.]

The Chair is ready to receive your President-Elect for formal installation. Will Dr. Frank Alford and Dr. Medlin please escort him to the rostrum?

[Dr. Sheffield was escorted to the rostrum.]

Neal, I won't go back to bring up some of the matters that we know so well about each other. In our very embryonic beginning in the Atlanta Southern Dental College, we came to know each other and we shook hands and promised each other that we would give to the profession that we had chosen the best of which we are capable.

And, Neal, I know that no man in the North Carolina Dental Society has lived a quarter of a century more conscientiously, more religiously, more concentrated to his profession than you have and therefore, it does give me a deep sense of appreciation and gratitude to offer you as an officer installed in this Society as our President-Elect.

DR. NEAL SHEFFIELD: President Eddie, members of the North Carolina Dental Society: This is a very happy moment for me. I want to thank Eddie for the very nice things that he has said. I want to thank each and every one of you for being so kind to me, and the fact that you elected me unanimously makes that honor even greater. It is an honor that I will never forget.

I regret at this time that my good wife Louise could not be here and help to share with me this high honor, but she had to undergo an operation about a month ago and her doctor absolutely refused to allow her to come to this meeting. But I know she is thinking about me and she is thinking about each of you as she loves each of you just as much as I do.

So much for the honor—that's fine. We come now to the responsibilities, and that is what I would rather dwell on and think about.

The dental profession has great responsibilities. We are going to have to meet those responsibilities, and unless we do meet them, there are plenty of agencies that would take over and be glad to do it.

I am very happy that I am permitted to follow such a fine man. Fred has just given us an administration of which we all are proud. We know that Eddie will give us a great one, just as great.

Now I am thinking more about my part which will come next year, and at this time I just want to tell all of you that I can't do it, Eddie can't do it, but with teamwork we are going to put dentistry forward and we are going to keep dentistry where it justly belongs.

I want to thank every one of you from the very bottom of my heart.
[Applause.]

PRESIDENT CURRENT: Will Dr. Frank Kirk and Dr. Claude Parks please present Dr. Miller, our Vice-President, for installation?

[Dr. Miller was escorted to the platform.]

PRESIDENT CURRENT: Dr. Miller, I have no prepared speeches here this morning. All I say comes out of my heart extemporaneously as I look in your face and I realize what's there.

You have been a great and stabilizing occurrence to me all through the years, and particularly in my younger days when I was quite a boy and had very little interest in the North Carolina Dental Society. Your mature years set me a stabilizing influence, and they have been so all along.

I want to congratulate you and congratulate the Society on your being our Vice-President for the coming year. I feel certain that if something in the nature of a heart attack or the like should befall me in those 12 months that no calamity will happen to this Society.

VICE-PRESIDENT MILLER: Dr. Current, members of the North Carolina Dental Society and ladies: I wish to express my deep appreciation for the honor that you have seen fit to bestow upon me. In the language of our beloved Woodrow Wilson, when he accepted the nomination for the Presidency, "I hope that you will never see cause to regret it."

I will, in my humble way, try to act as a stabilizer and help Dr. Eddie as he says I have in the past and will pledge you to do the very best that lies within my power to aid and assist Dr. Current in carrying forward the fine work that has already been accomplished by the North Carolina Dental Society. It shall be my constant ambition, controlling purpose at all times to work for the betterment of the North Carolina Dental Society, and I hope that I shall be able, God being my helper and my strength, to have the health so that I can travel all over the State and help contribute what little I may be able in my humble way to make this Society better.

I thank you. [Applause.]

PRESIDENT CURRENT: Dr. Bernard Walker, will you please come around to the microphone? I want to have a look at you.

Bernard, you know, don't you? We have got a family over in the little Town of Gastonia and in the big City of Charlotte and in other places that in deed and in truth, is a family in all respects.

I have come to know this man, I have come to love him with a love that can never die out. He has endeared himself by two years of indefatigable service to the North Carolina Dental Society, and has done for us a job of which each one of us is grateful.

Bernard, this is the second time for you to succeed yourself as Secretary-Treasurer of the North Carolina Dental Society. On behalf of the members of the Society, I say that I have never heard one word of criticism from the east and west for the service you have done.

I love you for it and I can tell you that a great majority of the success we will have this year, that I will have as your President, will come from the able assistance that I shall receive from you.

In this your third term, you are officially installed as Secretary-Treasurer of the North Carolina Dental Society.

SECRETARY WALKER: Thank you, Dr. Current. Members and guests: It has been a privilege and an honor to serve as your Secretary.

Before Fred gets away, I want to tell him how much I enjoyed working with him as his Secretary. He was one of the most helpful people in the world and the most understanding. He had to be. It was a privilege and a pleasure to serve with Fred.

Dr. Current, I want to assure you that it is a privilege and a pleasure to serve you and the North Carolina Dental Society, and I will try the best I can to serve you and the North Carolina Dental Society. I thank you very much. [Applause.]

PRESIDENT CURRENT: Dr. Branch, will you and Paul Fitzgerald, Sr., please escort Frank Alford up here?

[Dr. Alford was escorted to the rostrum.]

Frank, I know a little about this job of Dental Examiner. I don't know near as much as I should know, nor do you, but you are learning, and if they keep on electing you, one of these days you will be a good examiner.

I want to tell you that when the Society comes back time and time again without opposition and says, "Here is our man," there has got to be plenty good in him.

I want to congratulate the Society on the fine job you are going to do as Secretary of our Board for another term.

DR. ALFORD: Thank you, Mr. President. Members of the North Carolina Dental Society: I have been escorted to this rostrum several times. To have been elected President of this Society was an honor, to have been elected to the Board of Dental Examiners the first time was a great honor; the second time it was a great honor, and this is the third time. This is the first time I have ever been elected to anything the third time, and I certainly appreciate the confidence. I don't think anything could be greater to a man than to know that people have confidence in him, and if you have that confidence, I think it is the greatest honor that has ever been done to me.

I thank you. [Applause.]

PRESIDENT CURRENT: Will Sandy Marks and Don Kiser please present Darden Eure for installation.

[Dr. Eure was escorted to the rostrum.]

There always comes a time in a man's life when he has some regrets. Now I wish I had the oratory of your good wife. I would welcome you the way you deserve it.

The Society is indeed honored to have you as a new member of the Board of Dental Examiners. I wish that the time permitted me to give you a few words not of advice, but a few words that would narrate just a little of the experiences that I have had on the Board and a little courage that I could give you to roll those sleeves up and walk in there and do a job.

Of course, over in your School of Dentistry where you are going to do most of your work, you will never know some of the hardships and some of the handicaps we had to overcome in trying to make those boys at least comfortable down on the Board, but we did the best we could with what we had to work. You are the recipients of some of those efforts.

I want to say one further thing. As you begin to look into the things that a young dentist knows, you want to examine him and, if he is scared, if he is ill at ease, he is not going to give you the best he has and, sir, somehow or other, we members of the Board of Examiners look like supermen to those boys. You remember when you came up. If you can put that boy at ease and assure him that you are there for his benefit and not for his hurt or ill will, he will tell you much more and you will find him to be far better trained than if he answers those questions under strain.

With your fine personality, you can put those boys at ease and give them a real genuine examination that will reflect dignity and honor to our Society.

I am happy to declare you installed as a member of the North Carolina State Board of Dental Examiners.

[Applause.]

DR. EURE: President Eddie—Mother, would you mind coming up here and putting me at ease?

Gentlemen, I realize the importance of trying to serve on the Board of Dental Examiners. I have a little confession. It has always been one of my desires to serve in that capacity. When elected—knowing nothing about it until about 30 minutes before it happened, it just thrilled me to the entire depths.

I shall do everything in my power to do the very best job that I possibly can. Thank you very much. [Applause.]

PRESIDENT CURRENT: When a man reaches the stature that he goes out from here under our tutelage to represent us on the national level, he should not have to lean on somebody's arms to get around here and be recognized at this level.

I would like to ask Dr. Wilbert Jackson, Dr. C. C. Poindexter, and Paul Jones, if they are in the room, to please walk down and line up along the front here.

[None of the dentists was present.]

Neal, you can come up here again. You are already installed, Dr.

Sheffield. In the absence of these three men, Wilbert, Charlie, and Paul, you will attest to the fact as you go home and see them that we paid due tribute to them and wish them well and know they will represent us in a nice way at the American Dental Association, and I know that you will.

DR. SHEFFIELD: Thank you. I shall be glad to give them that message.

PRESIDENT CURRENT: Will Dr. Fred Hunt, Cecil Pless, Frank Alford, Ted Atwood, and Irving Medlin please come forward?

[Drs. Alford and Hunt were present.]

There is an error in the list that has been given me. I will re-read it: Dr. Hunt, Dr. Pless, Dr. Alford, Dr. Atwood, and Dr. Paul Fitzgerald, Sr.

Gentlemen, you fellows know much more about this than I do. It looks like a case of getting the cart before the horse. You men know and you are well informed, and you could do a better job as a delegate than I will do, so I am just happy to present as alternates to the American Dental Association these fine delegates here that will do a swell job. I want to congratulate you and congratulate the Society. [Applause.]

I know the hour is late. This brings the installation of officers to a close.

The next order of business is to read or not to read the Committee assignments for the year. I don't want to impose myself upon you, although I do have the authority to read them. I would like to read them, if you desire, and I will be as brief as I can in so doing.

If I hear no objection, I shall read the Committee assignments for the coming year.

[The President then read the Committee assignments.]

I should like the privilege, if I may, to supplement these committees if changing conditions deem it advisable for me to do so.

I will entertain a motion to that effect.

DR. HUNT: I make such motion.

DR. PAUL FITZGERALD, JR.: I second the motion.

[The motion was put to a vote and carried.]

PRESIDENT CURRENT: Thank you very kindly.

Is there other business that should come before this meeting?

DR. FITZGERALD: Mr. President, will you announce that there will be a meeting of the Executive Committee in this room immediately following the adjournment?

PRESIDENT CURRENT: Thank you. That announcement is made.

Is there anything else? Does anyone else have a word to say? [There was no response.]

If not, I shall now declare the Ninety-Sixth Anniversary Session of the North Carolina Dental Society closed. We begin our Ninety-Seventh Session at Pinehurst next year.

[The Convention adjourned at 12:30 o'clock p.m.]

NORTH CAROLINA DENTAL SOCIETY
STANDING COMMITTEES

1952-53

EXECUTIVE COMMITTEE

J. Homer Guion, *Chairman* (1953)

Paul Fitzgerald (1954)

I. R. Self (1955)

ETHICS COMMITTEE

Royster Chamblee, *Chairman* (1957)

Paul Fitzgerald, Jr. (1953)

J. A. McClung (1955)

A. W. Bottoms (1954)

Clyde Minges (1956)

LEGISLATIVE COMMITTEE

Z. L. Edwards, *Chairman* (1957)

J. D. Kiser (1953)

Royster Chamblee (1955)

P. B. Whittington (1954)

Paul Jones (1956)

PROGRAM COMMITTEE

S. Everett Moser, *Chairman*

F. H. Stone

R. M. Olive, Jr.

M. R. Evans

Coyte R. Minges

CLINIC COMMITTEE

L. Franklin Bumgardner, *Chairman*

Dan Froneberger

Walter Branham

R. Bruce Warlick

A. L. Wooten

MEMBERSHIP COMMITTEE

Neal Sheffield, *Chairman*

Pearce Roberts

George Kirkland

C. D. Wheeler

S. B. Towler

Coyte R. Minges

EXHIBITS COMMITTEE

Carey Wells, *Chairman*

Vance Kendrick

W. W. Rankin

C. C. Poindexter

Dan Wright

NECROLOGY COMMITTEE

Ralph Coffey, *Chairman* (1957)

Victor E. Bell (1953)

W. L. McRae (1955)

F. W. McCracken (1954)

F. E. Gilliam (1956)

LIBRARY AND HISTORY COMMITTEE

Paul Fitzgerald, Jr., *Chairman* (1957)

R. L. Underwood (1953)

J. Z. Moreland (1955)

John L. Ashby (1954)

B. McK. Johnson (1956)

INSURANCE COMMITTEE

T. E. Sikes, *Chairman* (1957)

Claude Adams (1953)

P. P. Yates (1955)

Herman Houck (1954)

C. H. Teague (1956)

PUBLICITY COMMITTEE

Darden Eure, *Chairman* (1953)

Neal Sheffield (1954)

Howard Allen (1956)

Walter Clark (1955)

E. D. Baker (1957)

THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

F. O. Alford, *Secretary* (1955)

E. M. Medlin (1953)

C. W. Sanders (1954)

A. T. Jennette (1953)

W. M. Matheson (1954)

Darden Eure (1955)

CONSTITUTION AND BY-LAWS COMMITTEE

Daniel T. Carr, *Chairman* (1954)

W. H. Breeland (1953)

Z. L. Edwards (1956)

F. O. Alford (1955)

Cleon Sanders (1957)

PROSTHETIC DENTAL SERVICE COMMITTEE

C. C. Poindexter, *Chairman* (1957)

Walter McRae (1953)

Coyte Minges (1955)

J. T. Lasley (1954)

F. O. Alford (1956)

COUNCIL ON DENTAL HEALTH

Sam Bobbitt, *Chairman* (1957)

J. Donald Kiser (1953)

E. W. Connell (1955)

C. S. Caldwell (1954)

R. L. Whitehurst (1956)

STATE INSTITUTIONS COMMITTEE

O. L. Presnell, *Chairman* (1955)

Ralph Falls (1953)

W. M. Matheson (1956)

Z. Vance Kendrick (1954)

J. G. Poole (1957)

RELIEF COMMITTEE

E. M. Medlin (1953)

J. Conrad Watkins (1954)

Wilbert Jackson (1955)

S. H. Steelman (1956)

Frank Gilliam (1957)

ADVISORY COMMITTEE FOR VETERANS ADMINISTRATION PROGRAM

Riley Spoon, *Chairman* (1957)

Walter Clark (1956)

Wilbert Jackson (1954)

C. A. Graham (1955)

Edward Eatman (1953)

SPECIAL COMMITTEES

ADVISORY COMMITTEE NORTH CAROLINA MEDICAL CARE COMMISSION AND
GOOD HEALTH ASSOCIATIONPaul Fitzgerald, *Chairman*

Marvin T. Jones

Frank Kirby

Worth M. Byrd

W. C. Current

Claude A. Adams

Ralph Falls

Harry A. Karesh

Dan Froneberger

RESOLUTIONS COMMITTEE

Samuel H. Isenhour, *Chairman*Clyde Minges, *Honorary Chairman*

A. P. Cline

Walter McRae

Joe V. Davis

B. McK. Johnson

John Ashby

W. M. Matheson

P. B. Whittington, Jr.

DENTAL COLLEGE COMMITTEE TO THE UNIVERSITY OF NORTH CAROLINA

First District

Ralph Coffey (1953)

Walter Clark (1954)

Fred Self (1955)

Second District

C. M. Parks (1953)

F. O. Alford (1954)

John Pharr (1955)

Third District

C. C. Poindexter (1953)
 Claude A. Adams (1954)
 L. G. Coble (1955)

Fourth District

C. W. Sanders (1953)

Wilbert Jackson (1954)

L. M. Massey (1955)

Fifth District

Z. L. Edwards (1953)

Clyde Minges (1954)

Paul Jones (1955)

CLINIC BOARD OF CENSORS

Ralph Jarrett, *Chairman*

Howard Rhyne
 George Alexander
 T. W. Atwood
 H. S. Zimmerman

C. A. Graham, Jr.
 James A. Marshburn
 Dewey Boseman
 L. R. Turner

PUBLICATION COMMITTEE

M. R. Evans, *Chairman*

Pearce Roberts
 F. E. Lansche

S. B. Towler
 William T. Burns

Walter McFall
 Horace Reeves

ENTERTAINMENT OF OUT-OF-STATE VISITORS COMMITTEE

T. L. Blair, *Chairman*

Chancy Highsmith
 Clyde Minges
 J. N. Caudle

C. E. Abernethy
 W. T. Martin
 Charles Eatman

Moultrie Truluck
 Claude Parks
 P. B. Whittington

Frank Harris

Olin Owen

SUPERINTENDENT OF CLINIC COMMITTEE

R. R. Howes, *Chairman*

D. F. Hord
 S. P. Gay
 Gates McKaughan

John W. Gibbs
 Ralph Wilkins
 C. J. Goodwin

G. A. Lazenby, Jr.
 C. E. Abernethy
 A. T. Jennette

LIAISON COMMITTEE TO THE OLD NORTH STATE DENTAL SOCIETY

Frank Kirk, *Chairman*

Wade Sowers
 L. M. Massey

Walter Finch
 C. V. Zibelin
 W. J. McDaniels

C. I. Miller
 M. M. Lilley

HOSPITAL DENTAL SERVICE COMMITTEE

Coyte R. Minges, *Chairman*

Ransey Weathersbee, Jr.
 L. D. Herring
 Vance Kendrick

G. L. Hooper
 T. E. Sikes, Jr.

Ruffin Self
 Carl B. Wolfe
 Wallace Mustian

MEDICAL-DENTAL RELATIONSHIP COMMITTEE

P. C. Hull, Jr., *Chairman*

O. B. Kirby	J. L. Raymer	Hubert Plaster
Sidney V. Allen	J. M. Kilpatrick	L. M. Edwards
Robert L. Smith	Robert Byrd	S. H. Massey, Jr.

ADVISORY COMMITTEE TO DENTAL HYGIENISTS' ASSOCIATION

Amos S. Bumgardner, *Chairman*

M. E. Woody, Jr.	G. L. Overman
E. A. Branch	John C. Brauer

DENTAL CARIES COMMITTEE

J. Donald Kiser, *Chairman*

Burke Fox	Walter Clayton	W. C. Current
R. B. Barden	George Kirkland	C. H. Teague
	J. E. Edwards, Jr.	

ARRANGEMENTS COMMITTEE

David Abernethy, *Chairman*

Robert Baker	L. J. Moore, Jr.	S. C. Duncan
Norman Ross	Allen Cash	C. P. Osborne, Jr.
	R. S. Turner	

ENTERTAINMENT COMMITTEE

Grady Ross, *Chairman*

Paul A. Stroup, Jr.	Paul Hedrick	W. D. Yelton
J. E. Roberts	J. J. Lauten	J. H. Ligon, Jr.
	H. E. Weeks	

GOLF COMMITTEE

Wade Breeland, *Chairman*

James E. Graham	Erbie Medlin
H. L. Young	Guy Willis

HOUSING COMMITTEE

Howard Branch, *Chairman*

W. J. Turbyfill	C. W. McCall	H. H. Levine
C. E. Furr	S. W. Shaffer	W. I. Farrell
Paul Harrell	Marcus Smith	A. R. Mallard

PUBLIC RELATIONS AND FLUORIDATION COMMITTEE

John C. Brauer, *Chairman**First District*

Chairman: C. A. Pless

Second District

Chairman: O. R. Hodgins

Third District

Chairman: F. E. Gilliam

Fourth District

Chairman: Royster Chamblee

Fifth District

Chairman: Z. L. Edwards

EXTENSION COURSE COMMITTEE

Elliott Motley, *Chairman*

Donald Morris

Henry L. Monk, Jr.

R. M. Olive

Robert Baker

W. R. McKaughan

J. M. Zealy

C. B. Fritz

L. J. Moore

R. A. Wilkins

ADVISORY COMMITTEE TO THE AMERICAN ACADEMY OF PEDIATRICS

Horace P. Reeves, *Chairman*

Henry C. Harrelson

J. W. Whitehead

J. B. Newman

David M. Tuttle

Vernon Cox

L. G. Page

Jack L. Boyles

S. C. Duncan

M. B. Massey

COMMITTEE ON GENERAL ANESTHESIA

Vaiden Kendrick, *Chairman*

T. G. Nisbet

Roy C. Adams

R. S. Beam

A. A. Lackey

H. M. Patterson

D. W. Dudley

L. M. Daniels

M. D. Bissette

MILITARY AFFAIRS COMMITTEE

James E. Moser, *Chairman*

J. B. Freedland

Henry L. Monk, Jr.

T. N. Hamer

R. F. Overcash

R. A. Daniel, Jr.

J. M. Holland

Robert S. Beam

ADVISORY COMMITTEE TO SELECTIVE SERVICE

Sam Bobbitt, *Chairman*

C. A. Pless

R. C. Weaver

A. H. Fleming

Frank Harris

Milo Hoffman

R. M. Patterson

C. S. Olive

Luther Butler

V. F. Chamberlain

H. E. Butler

COMMITTEE ON EDUCATION FOR DENTAL ASSISTANTS

John R. Pharr, *Chairman*John C. Brauer, *Coordinator**First District*

Chairman: C. A. Pless

Second District

Chairman: Burke Fox

Third District

Chairman: S. P. Gay

Fourth District

Chairman: J. W. Branham

Fifth District

Chairman: Clyde Minges

MINUTES OF EXECUTIVE COMMITTEE MEETING OF
NORTH CAROLINA DENTAL SOCIETY

HOTEL SIR WALTER, RALEIGH, N. C.

SUNDAY, JULY 15, 1951

The Executive Committee met at 11:00 A. M. with members of the Program Committee, Public Relations Committee, and chairmen of the Arrangements, Exhibits, and Entertainment Committees, and the Editor-Publisher to make plans for the next annual meeting of the N.C.D.S., to be held at Pinehurst, N. C., May 11 through the 14th, 1952.

Members of the Executive Committee present:

Paul Fitzgerald, Sr., Chairman
R. Fred Hunt, President N.C.D.S.
A. C. Current, President-Elect, N.C.D.S.
Bernard N. Walker, Secretary-Treasurer, N.C.D.S.
Homer Guion
Sylvester P. Gay.

Others present were:

Guy Willis, Vice-President, N.C.D.S.
Marvin Evans, Editor-Publisher, Bulletin
Amos Bumgardner
Darden Eure
J. W. Branham
Royster Chamblee
S. Everett Moser
George Kirkland
Earnest A. Branch
S. B. Towler
Herbert Spear
Walter L. McRae
Henry V. Murray
C. W. Sanders
John C. Brauer

Dr. R. Fred Hunt read a letter from Miss Kate Smith, President of the N. C. Dental Assistants Association, asking the advice of the N. C. D. S., as to the Association holding its convention at the same time the N. C. D. S. convention is held. Discussion. Discussion was made by Drs. Bumgardner, Moser, Branham, and Chamblee. Dr. Hunt suggested that inasmuch as the members of the N.C.D.S. had expressed their opinion the Executive Committee might make some decision.

Dr. Fred Hunt discussed an editorial in the July issue of the A. D. A. Journal, pages 61 and 84, and asked that all members read it carefully. He reported that the total membership of the Society is now the largest ever

with a total of 869 members, that it has exceeded its Relief quota, and that the State Society will receive half the amount contributed to the A. D. A. He expressed the hope that the members would contribute more than the \$1.00 collected by the District Societies, stating that Dental Relief is a very worthy cause and should be wholeheartedly supported by our profession.

Dr. Darden Eure, Program Chairman, asked for a discussion on the program for the coming annual convention. Tentative plans are:

1—that the convention will open Sunday night

2—that sectional clinics will be held on the last day.

The problem of attendance and the time of the sectional clinics were discussed by Dr. Amos Bumgardner, Dr. Fred Hunt, Dr. Sylvester Gay, and Dr. J. W. Branham.

It was the consensus that these matters should be left to the Program Committee.

Dr. Fitzgerald reported for the Dental Relief Committee.

At 12:15 P. M. the Executive Committee was called to order by Dr. Paul Fitzgerald, Chairman. Members present were: Drs. Fitzgerald, Fred Hunt, A. C. Current, Bernard Walker, Homer Guion, and S. P. Gay. Others present were: Drs. Amos Bumgardner, Guy Willis, and Marvin Evans.

Dr. Fitzgerald discussed the meeting of the Dental Assistants and asked for the opinion of the Committee in this matter. Drs. Current, Hunt, and Gay discussed it. Dr. Current moved that the President of the Assistants Association be notified by the Secretary of the N.C.D.S. that the Society has no objection to the Assistants meeting at the time of the Dental Society convention. Dr. Gay seconded, and motion was carried.

Dr. Fitzgerald brought up the matter of recording the proceedings of the next convention. Discussion was made by Drs. Walker, Evans, and Hunt. Dr. Hunt moved that this question be held in abeyance until the next Executive Committee meeting and that Drs. Walker and Evans make a report on costs, advisability, etc. Dr. Fitzgerald instructed Drs. Walker and Evans to make such report.

Dr. R. Fred Hunt discussed the fluoridation of communal water supplies, stating that he had been making a careful study and analysis of this matter for several years, that the Dental Society in Rocky Mount had just completed successfully the necessary steps to insure fluoridation of the water supply in Rocky Mount, that the necessary equipment had been ordered, and in view of the fact that the A. D. A., N. C. Public Health, N. C. Board of Health, and other organizations have endorsed the fluoridation of communal water supplies, he would like to see the N. C. Dental Society take this project on as a special objective for this year. Dr. Current then moved that the N.C.D.S. go on record as endorsing the project, according to the specifications of the N. C. Board of Health, and that the promotion of such project be an objective of the Society for the coming year. Dr. Gay seconded the motion and it was carried. Dr. Guy Willis reported on the status of the effort in Durham to fluoridate the city water supply. Dr. S. P.

Gay moved that the secretary be instructed to write Dr. E. A. Branch, Director of Dental Service of the N. C. Board of Health, to the effect that the Society had gone on record as approving the fluoridation of communal water supplies and has approved as a project the promotion of such, and ask the support and aid of the N. C. Board of Health in this endeavor. Dr. Guion seconded the motion and it was passed.

Dr. Fitzgerald asked for a report on the finances of the Society, and Dr. Walker read a report on an audit from the auditor. Dr. Fitzgerald stated that the audit was in order.

Dr. Fitzgerald discussed the letter received from The Hospital Care Association in regard to the Society's letter relating to the discrimination indicated by the Association's failure to provide for dental surgery in its policies. After discussion and due consideration, Dr. Fitzgerald instructed the Secretary to write the Association, setting forth the schedule of Workmen's Compensation benefits as to dental surgery.

Dr. Marvin Evans, editor-publisher of the Bulletin, discussed the changing of the word Bulletin to Journal, and after a discussion of the suggestion by Dr. Amos Bumgardner, Dr. Homer Guion moved that Dr. Evans be authorized to change the title of the publication from Bulletin to Journal. Dr. Walker seconded the motion, and it was carried.

Dr. Fitzgerald moved that there being no further business, the meeting of the Executive Committee be adjourned until the annual Executive Committee meeting to be held at the Fourth District convention.

Luncheon was held in the Manteo Room for all, where Dr. Hunt discussed the affairs of the Society in general.

BERNARD N. WALKER, Secretary-Treasurer.

MINUTES OF EXECUTIVE COMMITTEE MEETING OF
NORTH CAROLINA DENTAL SOCIETY

SIR WALTER HOTEL, RALEIGH, N. C.

SEPTEMBER 10, 1951

The meeting of the Executive Committee was called to order by Dr. Paul Fitzgerald, Chairman, at 9:30 P. M., following the banquet of the Fourth District Dental Society.

Members present were:

Paul Fitzgerald, Chairman

Homer Guion

Sylvester Gay

R. Fred Hunt, President of N.C.D.S.

A. C. Current, President-Elect N.C.D.S.

Bernard Walker, Secretary-Treasurer, N.C.D.S.

Others present were:

Dr. Marvin Evans, Editor-Publisher of the Journal.

Minutes of the last meeting were read and correction made in the wording of motion by Dr. R. Fred Hunt from "project" to "Major Objective" for the coming year. Minutes were approved.

Dr. Fitzgerald discussed the advisability of publishing the minutes of the Executive Committee meetings in the *Proceedings* of the N. C. Dental Society instead of in the program issue of the Journal of the N.C.D.S. Dr. R. Fred Hunt made motion that this be done. Dr. Current seconded the motion, and it was voted on and passed.

Dr. Fitzgerald discussed the recording of the minutes for the coming annual convention. Drs. Walker and Evans made reports on recording machines. Dr. Hunt discussed the recording procedures at the state meeting.

Dr. Fitzgerald instructed the Secretary to write Miss Kevill in regard to again taking the minutes of the convention. He also instructed Drs. Walker and Evans to observe at the A. D. A. meeting in Washington the method they employed in recording minutes of business meetings.

Dr. Fitzgerald discussed the need for an appropriation for the Fluoridation Committee. This appropriation to be used in purchasing pamphlets and preparing literature and other requirements for the members of this Committee and others interested in the fluoridation program. After Dr. R. Fred Hunt had discussed the matter, Dr. Walker made a motion to appropriate \$300.00, if needed, for this Committee. Dr. A. C. Current discussed and then seconded the motion, which was voted on and passed.

Dr. Walker, Treasurer, gave a report on the finances of the Society.

Dr. Marvin Evans was commended on his first edition of the Journal, and Dr. Evans gave a report on the Journal.

There being no further business, the meeting was adjourned to convene next at Carolina Inn, Pinehurst, N. C., in January, the time to be de-

terminated by the President, Dr. R. Fred Hunt, and Dr. Paul Fitzgerald, Chairman of the Executive Committee.

BERNARD N. WALKER, Secretary-Treasurer.

MINUTES OF JOINT MEETING OF THE EXECUTIVE COMMITTEE
OF THE NORTH CAROLINA DENTAL SOCIETY AND
COMMITTEE CHAIRMEN

CAROLINA HOTEL, PINEHURST, N. C.

SUNDAY, JANUARY 20, 1952

Dr. R. Fred Hunt, president of the North Carolina Dental Society, called the meeting to order, and Dr. Darden Eure gave the invocation.

Members present were:

R. Fred Hunt, President N.C.D.S.
Paul Fitzgerald, Sr., Chairman of Executive Committee
A. C. Current, President-Elect
Bernard N. Walker, Secretary-Treasurer
S. P. Gay
Homer Guion

Others present were:

Guy Willis, Vice-President N.C.D.S.
S. E. Moser
Hubert Royster Chamblee
Howard Branch
Bob Olive
Sam B. Towler
George Kirkland
Worth Byrd
L. G. Coble
Clyde Minges
C. C. Poindexter
Claude M. Parks
J. Donald Kiser
McCracken
Z. L. Edwards
Darden Eure
Wade Sowers
McClung
Amos Bumgardner
Dan Carr
Paul Jones
F. O. Alford
C. W. Sanders
John Brauer
Mrs. Nancy Sutton—for Dental Hygienists
Miss Zedaker—for Dental Assistants
Mrs. Darden Eure

Dr. Darden Eure, Program Chairman, reported that the program for the 1952 meeting had been completed and that the order of the program would follow along the same timing as for the previous year.

Dr. Donald Kiser, Chairman of Clinic Committee, reported that he had had an excellent response to his request for table clinics.

Dr. Royster Chamblee, Chairman of Entertainment Committee, reported that his Committee had plans for entertainment well under way.

Dr. S. B. Towler, Exhibits Committee, announced that 31 spaces had already been sold and that he hoped to have as large a group exhibiting this year as in 1951.

Dr. Howard Branch, Housing Committee, reported that the applications for reservations would be mailed out Saturday, January 26, and that only one room would be reserved for one application—that a request for multiple rooms would have to be accompanied by an equal number of applications.

Dr. George Kirkland, Chairman of Arrangements Committee, reported that all was in order.

Mrs. Marvin Evans, wife of the Editor-Publisher of the Journal, gave a report for Dr. Evans as to business concerning the Journal. Mrs. Evans was complimented by Dr. R. Fred Hunt, President, on the fine edition which was completed recently and thanked her for her efforts on behalf of the Journal.

Mrs. Nancy Sutton Leskosky gave a report on behalf of Mrs. Horton, president of the Dental Hygienists Association. They will have several clinics for the meeting and will hold their sessions in the Dutch Room of the Carolina Hotel.

The Dental Assistants Association was represented by Miss Zedaker, who announced that the Association would meet April 19, 20, and 21, at Hotel Selwyn in Charlotte.

Dr. Bernard Walker, secretary-treasurer of the N.C.D.A., gave a report on the finances of the Association; also read a letter from the Tennessee State Association, which was discussed by members.

Dr. Wade Sowers, Liaison Committee of the Old North State Dental Society, made a report concerning his committee and its function and problems.

There being no further business concerning the coming convention, Dr. Hunt adjourned the meeting.

Dr. Paul Fitzgerald, Chairman, called a meeting of the Executive Committee to order. Present were Dr. Fitzgerald, Dr. R. Fred Hunt, Dr. A. C. Current, Dr. S. P. Gay, Dr. Homer Guion, and Dr. Bernard Walker. Others present were Dr. Guy Willis, vice-president of the N.C.D.S., and Dr. Royster Chamblee, Chairman of the Entertainment Committee.

The Minutes were read by the Secretary, and there being no errors, stood approved. The Secretary also reported on the treasury of the Society

and the treasury of the Dental Relief Funds. Dental Relief was discussed by Doctors Guion, Hunt, and Fitzgerald.

Dr. Ralph Coffee of Morganton sent a request that the Executive Committee give its approval to the plan to raise by voluntary contributions a sum of money which would be used to purchase a Ford station wagon for Dr. Sandy Marks, dental missionary to the Belgian Congo. This automobile would be used by Dr. Marks in his work establishing a dental college for the natives of the Belgian Congo. Such action would not require the Dental Society to be liable for any expense in the solicitation or purchase of the automobile. Dr. Gay made motion that Dr. Coffee be commended for this work and that the Executive Committee go on record as approving the project. Dr. A. C. Current seconded the motion, which was carried.

Dr. Homer Guion made a motion that the past presidents of the N.C.D.S. be presented certificates in recognition of their services to the Society. Dr. Gay seconded the motion, which was passed.

Dr. S. P. Gay moved that a block of rooms be reserved at Carolina Inn for the clinicians and out-of-state guests, which motion was seconded by Dr. Current and carried.

A letter from Myerson Tooth Corporation, stating that they could not exhibit at the 1952 convention due to other commitments was read. Dr. Fitzgerald instructed the secretary-treasurer to refund the money paid in by the Myerson Corporation and to express to them the hope that we could have the pleasure of having their exhibits in the future.

Dr. R. Fred Hunt made motion that the Committee for Entertainment of out-of-state visitors be allowed \$150.00 for its work. Motion was seconded by Dr. B. N. Walker, and carried.

Dr. R. Fred Hunt presented the name of Dr. Jack Sinclair to be the Honor Guest at the 1952 convention. Dr. S. P. Gay discussed. Dr. Fitzgerald asked whether there were other nominations. Dr. A. C. Current made motion that Dr. Sinclair be so honored, which was seconded by Dr. Guion and passed.

Dr. Royster, chairman of the Entertainment Committee, asked that an appropriation be made for his Committee. Dr. Current moved that the Chairman be allowed to use his own discretion as to the expense, which was seconded by Dr. Guion and carried.

Dr. A. C. Current made motion that hand programs be printed for the convention.

Dr. Guy Willis discussed the problem of honorariums for state programs.

Dr. Fitzgerald instructed the secretary to write Mrs. H. O. Lineberger, expressing the Society's sympathy in the loss of her husband, who had given so much of his time and self to our profession.

There being no further business, the meeting was adjourned until the annual convention May 11, 1952.

BERNARD N. WALKER, Secretary-Treasurer.

MINUTES OF EXECUTIVE COMMITTEE MEETING OF
NORTH CAROLINA DENTAL SOCIETY

CAROLINA INN, CHAPEL HILL, N. C.

MARCH 30, 1952

Members present were:

Paul Fitzgerald, Sr., Chairman
R. Fred Hunt, President N.C.D.S.
A. C. Current, President-Elect N.C.D.S.
Sylvester Gay
Homer Guion

In the absence of Dr. B. N. Walker, Secretary, Dr. Fitzgerald asked Dr. Homer Guion to serve as secretary and record minutes of the meeting.

The passing of Dr. Jack Sinclair of Asheville, N. C., who was to have been honoree at the 1952 convention was discussed. Dr. Sylvester Gay made motion that Dr. Sinclair not be honored post-humously at the 1952 convention. Dr. Current seconded the motion, which was passed. The Secretary was instructed to write a message of condolence from the North Carolina Dental Society to the family of Dr. Sinclair.

Dr. R. Fred Hunt made motion that Dr. Robert S. Horton of Raleigh be made the honoree for 1952 instead of Dr. Sinclair. Dr. Current seconded the motion, which was passed.

The fee schedule pertaining to work for indigent school children and handled by the Public Board of Health and the County School Systems was discussed at length. No decision was arrived at and no action taken on this.

There being no further business, the meeting was adjourned.

BERNARD N. WALKER, Secretary-Treasurer.

MINUTES OF EXECUTIVE COMMITTEE MEETING OF
NORTH CAROLINA DENTAL SOCIETY

CAROLINA HOTEL, PINEHURST, N. C.

MAY 14, 1952

Immediately following the close of the 96th Annual Meeting of the North Carolina Dental Society, a meeting of the new Executive Committee of the N.C.D.S. was held. Those present were:

J. Homer Guion, Chairman
Paul Fitzgerald, Sr.
I. R. Self, Sr.
A. C. Current, President N.C.D.S.
Neal Sheffield, President-Elect
Bernard N. Walker, Secretary-Treasurer

Others present were:

Marvin Evans, Editor-Publisher
S. Everett Moser, Program Chairman

Dr. Walker gave a report on the finances of the Society and the Dental Relief Fund.

Dr. Fitzgerald discussed the Dental Relief Fund. He reported that two members of the Society were on relief and the prospects were that one or two more may be before the year is over. Drs. Walker, Current, and Guion discussed the matter of relief, and Dr. Fitzgerald, Sr., made motion that the sum donated by the N.C.D.S. to the N.C.D.S. Dental Relief Fund be raised from \$200.00 to \$500.00 Dr. Neal Sheffield seconded the motion, which was carried unanimously.

Dr. Fitzgerald made motion that Dr. Ernest Branch be reimbursed by the Treasurer for the expense which was paid by Dr. Branch in mailing out 1,000 2¢ postal cards to members of the Society, reminding them to bring the scrap amalgam and gold for the Relief Fund. Dr. Sheffield seconded the motion, which was passed.

Dr. Fitzgerald made motion that Dr. Amos Bumgardner, president of the Society 1950-1951, be allowed to present a list of names of those whom he wanted made honorary members of the Society and that they be mailed certificates by the Secretary. Dr. Walker seconded the motion which was passed.

Dr. Marvin Evans was congratulated on the fine job which he had performed as Editor and was unanimously elected to serve again as Editor-Publisher.

Dr. Moser, chairman of the Program Committee, discussed the program for the coming year and asked for suggestions and advice. He said that a tentative outline of the program would be presented at the Executive Committee meeting in July.

Dr. Walker read a letter from the Dorst Jewelry Company, manufacturers of past-president's keys standard for state dental societies. Inasmuch as the Secretary has two of the past-president's emblems left from the last order, it was decided to table discussion for further consideration at a later date.

Recording of the 1953 annual meeting was discussed. Miss Keville intimated that she might not be available for the next meeting but stated that she would be glad to assist in obtaining the services of another steno-typist. This matter is to be discussed at the July meeting.

Dr. Fitzgerald, chairman of the Executive Committee during 1951-1952, will mail Dr. Guion the Secretary's bonds to keep.

Dr. Guion discussed the certificates for the past-presidents. Drs. Amos Bumgardner, A. C. Current, Walker, and John Brauer were named a committee to design, have printed and lettered for presentation. Dr. Bumgardner was named chairman.

Dr. Walker discussed the auditing of the Treasurer's books. He was instructed to forward to Mr. Rice at Raleigh when they were ready.

The Executive Committee gave Dr. Current, President, and Dr. Walker, Secretary-Treasurer, authority to communicate with Mr. Fitzgibbon and set the date for the annual meeting in May of 1953.

The next meeting of the Executive Committee, together with the committees necessary to set up the plans for the 1953 convention, will be held Sunday, July 13, 1952 at the O. Henry Hotel, Greensboro, N. C., at 11:00 A. M., Dr. Neal Sheffield to make the necessary arrangements.

There being no further business, the meeting was adjourned.

BERNARD N. WALKER, Secretary-Treasurer.

MEMBERS ATTENDING THE PINEHURST MEETING

MAY, 1952

FIRST DISTRICT

Abernethy, A. D.	Lockwood, A. T.
Abernethy, David	McCall, C. S.
Abernethy, G. S.	McCall, R. S.
Baker, Robert N.	McDaniel, W. J.
Barker, O. C.	McFall, Walter
Beam, C. M.	Maddux, N. P.
Bottoms, A. W.	Matheson, Wm. M.
Breeland, W. H.	Mauney, R. G.
Candler, C. Z.	Miller, W. J.
Clark, Walter E.	Moore, O. L.
Clayton, W. S.	Moser, J. E.
Cline, A. P.	Moser, S. E.
Coffey, Ralph	Paisley, R. L.
Connell, E. W.	Parker, C. A.
Cook, Dennis S.	Parker, W. H.
Current, A. C.	Peeler, C. M.
Davis, Frank W.	Plaster, H. E.
Davis, Walter	Plaster, Hubert
Dickson, B. A.	Pless, C. A.
Dudley, D. W.	Poovey, A. C.
Edwards, A. C.	Raymer, J. L.
Edwards, B. F.	Reece, J. F.
Ezzell, L. L.	Rhyne, H. S.
Falls, Ralph	Roberts, Pearce, Jr.
Fritz, C. B.	Rollins, L. C.
Fritz, J. R.	Sain, H. T.
Froneberger, H. D.	Self, F. L.
Gerdes, C. Don	Self, I. R.
Glenn, E. T.	Self, Ruffin
Graham, R. H.	Sloop, W. M.
Hair, J. E.	Steelman, S. H.
Hedrick, Paul	Taylor, P. R.

Highsmith, C.
Hinkley, Clayton
Hord, D. F.
Hoffman, R. R.
Howes, R. R.
Jamison, H. C.
Jones, E. D.
Lacky, A. A.
Lawrence, J. D.

Truluck, M. H.
Turbyfill, W. J.
Tuttle, David M.
Wells, Carey T.
Woody, J. L.
Woody, M. E., Jr.
Yates, P. P.
Yelton, W. D.

SECOND DISTRICT

Alexander, George
Alford, F. O.
Arthur, L. D.
Ashby, J. L.
Ballard, D. L.
Barkley, Carl
Beavers, David L.
Beavers, F. C.
Bingham, J. P.
Black, A. R.
Black, V. A.
Blackburn, C. A.
Blair, Tom
Brawley, Boyce
Bumgardner, A. S.
Bumgardner, L. Franklin
Cash, A. H.
Chamberlain, A. C.
Chandler, F. H.
Cox, Vernon
Crawford, J. R.
Crotts, H. K.
Current, W. C.
Davis, J. V., Jr.
DeHart, V. L.
Duncan, S. C.
Ezzell, J. W.
Farthing, J. C.
Folger, C. L.
Folger, J. M.
Fox, Burke W.
Fox, M. O.
Fox, N. D.
Freedland, J. B.
Galarde, A. J.
George, R. A.
Grady, L. V.
Graham, J. E., Jr.
Guion, J. H.

Lazenby, Glenn, Jr.
Levine, H. H.
Lipe, Edwin W.
Little, J. E.
Long, Robert
McClung, J. A.
Masten, Guy M.
Masten, Robert
Melvin, R. Philip
Montgomery, D. O.
Morris, D. W.
Morris, E. C.
Moser, K. B.
Motley, E. R.
Nicholson, J. H.
Nisbet, T. G.
Owen, O. W.
Parker, H. C.
Parks, C. M.
Patterson, R. M.
Peery, W. S.
Pegg, F. N.
Pharr, John R.
Pratt, F. P.
Price, W. H.
Reece, J. P.
Reeves, H. P., Jr.
Reid, C. S.
Ridenhour, C. E.
Ross, Grady
Ross, Heywood
Secretst, W. A.
Sherrod, W. B.
Slaughter, F. C.
Smith, A. H.
Sowers, Wade
Spoon, Riley E.
Stadt, Z. M.
Stone, F. H.

Hamer, T. N.	Stone, I. F.
Harrell, Jim	Stroup, Paul A.
Harrell, R. B.	Taylor, C. F.
Harrelson, Henry	Taylor, Lois E.
Hesseman, Gary	Taylor, R. G., Jr.
Heinz, J. W.	Taylor, W. C.
Helsabeck, C. R.	Thompson, H. W.
Helsabeck, W. J.	Thompson, L. R.
Herman, R. E.	Thurston, Steve
Hodgin, O. R.	Trivette, L. P.
Hoffman, Milo J.	Troutman, M. L.
Holcomb, D. W.	Tuttle, R. D.
Holland, J. M.	Walker, B. N.
Holliday, R. H.	Walker, F. H.
Holshouser, L. C.	Wall, L. E.
Hoover, D. C.	Waller, D. T.
Howell, A. E.	Waynick, Geo. E.
Hull, P. C., Jr.	Weant, T. F.
Ingram, W. A.	Webster, Ben
Irwin, John	Weeks, W. P.
Jackson, D. A.	Wertz, J. L.
Jarrett, C. H., Jr.	Wharton, R. G.
Jarrett, R. F.	Wheeler, C. D.
Keiger, C. C.	White, T. L.
Kendrick, Vaiden	Williams, J. S.
Kendrick, Z. Vance	Wilson, R. W.
Kirby, O. B.	Yelton, Wm. F.
Kirk, F. W.	Yokeley, G. W.
Kirkendol, E. C.	Young, Clyde
Kiser, J. Donald	Zimmerman, H. S.
Kistler, A. R.	Zimmerman, J. W.

THIRD DISTRICT

Adams, Claude A.	Clark, I. C.
Adams, R. G.	Crank, J. C.
Alderman, G. L.	Coble, L. G.
Alexander, W. E.	Craver, A. W.
Andreve, K. I.	Daniels, L. M.
Atwater, Frank	Darden, T. H.
Atwood, T. W.	Dilday, J. S.
Bell, J. T.	Durham, B. J.
Betts, J. S.	Edwards, L. M.
Blair, Mott	Edwards, W. J.
Bowen, C. L.	Ellerbe, J. H.
Bowling, Howard X.	Erwin, Dick
Bowling, W. W.	Evans, M. R.
Bradsher, J. D.	Farrell, W. I.
Brannock, R. W.	Finn, J. C.
Brauer, John C.	Garret, R. T.
Bridger, R. L.	Gay, S. P.

Burns, W. T.
Butler, Estes
Butler, Luther
Caddell, Fred
Caldwell, J. B.
Callaghan, N. R.
Carr, Daniel T.
Carr, H. C.
Caudle, J. N.
Chamberlain, V. F.
Cherry, M. L.
Hinton, W. R., Jr.
Holden, R. H.
Howell, J. B.
Hughes, J. H.
Hughes, J. T.
Hunsucker, H. M.
Hunter, M. R.
Karesh, H. A.
Kirkland, G. T.
Kistler, C. D.
Koonce, E. T.
Lasley, J. T.
Lauten, J. J.
Long, R. E.
McCall, S. H.
McDuffie, A. A.
McIntosh, J. A.
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